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Worcestershire



**THE HEALTH
OF THE
COMMUNITY
1970**



EX-117

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Worcestershire County Council

ANNUAL REPORTS

of the

COUNTY MEDICAL OFFICER

OF HEALTH

and

PRINCIPAL SCHOOL MEDICAL OFFICER

1970

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WORCESTERSHIRE COUNTY COUNCIL

Telephone: Worcester 23400

County Health Department,
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To the Chairman, Aldermen and Members of Worcestershire County Council.

Mr. Chairman, Ladies and Gentlemen,

In order to comply with statutory requirements I have pleasure in presenting to you my second Annual Report. All aspects of the Local Health Authority services are outlined in the body of the report, but I would particularly mention the following points:

Statistics: I have no special comment to make on the statistics in general but it will be noted that the estimated population of the administrative County has again increased by some 5,580 over the previous year. This is an estimated figure as at the 30th June, 1970. I feel quite certain that we have not yet seen the full impact of the new town of Redditch, Droitwich borough and other overspill programmes.

Health Centres: At the time of writing I am pleased to say that good progress has now been made with the health centres at Stourport, Redditch (Smallwood) and Kidderminster. It is hoped that these projects can be completed and brought into operation by mid 1972. Other programmes are under discussion and these are mentioned later in my report. The design of health centres does present many problems and I would like to extend my grateful thanks to all who have been concerned on the planning of individual centres for their help and co-operation. In particular I include in these remarks the general practitioners who are to work from the centres, the Worcestershire Executive Council, the Clerk of the County Council and also the County Architect.

Care of Mothers and Young Children: At the request of the Department of Health and Social Security special mention has been made of the County scheme for the notification of congenital defects which are apparent at birth. The detail of the work appears under Part III of the Report. The progress made over the last year concerning all types of defect is indeed a credit to the medical and nursing staff of the department. This work, and indeed the special medical clinics which were established the previous year, are continuing to provide a most valuable and necessary service which ultimately leads to better liaison and understanding between all concerned.

The Family Planning Clinics throughout the County are now well established and the attendance figures show the importance of this rapidly expanding and necessary service. Obviously the success of the family planning clinics is accounting for the fact that attendances at the cervical cytology clinics are on the decline, since the family planning doctors are taking smears, in addition to the ever increasing numbers being taken by family doctors and at hospital out-patient clinics. I am afraid that in general terms the cervical cytology service is still not proving to be the success hoped for. The persons most at risk are still not making use of this service and it is extremely difficult at this point of time to see what further steps can be taken as an encouragement.

This is the last report in which I shall be including details of nurseries and child minders for a full year, since during 1971 the service will be transferred to the newly established Social Services Department. We are extremely reluctant to hand over this service which has a mainly educational and medical content. I cannot emphasise too strongly to those who will be responsible for the service in the future the need for constant vigilance, if the standards that have been created over the years are not to deteriorate.

Nursing Services: Although the number of deliveries undertaken by domiciliary midwives is reducing, as a result of the increased hospital deliveries, the midwives in the County are still providing a most worthwhile and important service. The schemes whereby attached domiciliary midwives are able to deliver cases in General Practitioner units is welcomed and it is hoped that such schemes can gradually be extended to other parts of the County. This unification of the midwifery services provided by the hospital, general practitioner and the domiciliary midwife can only result in a better service to the patient.

There has been a gradual extension of the attachment or liaison schemes between health department domiciliary staff and family doctors. All schemes in existence have got off to a very good start and greatly improve the close co-operation that already exists between all concerned in the care of the patient. Most of the urban areas throughout the County will soon be covered by attachment schemes, but rural areas do present problems which will prove more difficult to overcome.

Plans for the re-organisation of the nursing services are now in an advanced state of preparation and there is every indication that the first pilot area scheme, involving the appointment of an area nursing officer and her first line managers, will be put into operation as from the 1st April, 1971. This will be closely followed by similar arrangements in three other areas covering the remainder of the County.

*Vaccination and
Immunisation:*

This service is still providing full County coverage for those parents who accept the sound advice which is offered them for the protection of their children against many serious ailments. The acceptance percentage rate for Worcestershire is very good but certainly there is no room for complacency and I would strongly advise the small number of parents who have so far declined immunisation and vaccination for their children, to change their minds. It is noted that during the last few months a number of cases of diphtheria have occurred in England and if this is to be avoided parents must make sure that their children are fully protected.

I am very pleased to be able to report that computer time has now been allocated to the health department and this means that a start can be made to computerise the vaccination and immunisation service in respect of those children born on and after the 1st January, 1971. It is hoped that the acceptance rate of parents for protection of their children can be improved even further. Our experience from the use of the computer will allow us to consider other work of the department which could be readily adapted to a computerised system. The County Treasurer and his staff and the Management Services Unit deserve our grateful thanks for the great amount of help they have given us in devising this initial scheme.

School Health:

It is pleasing to note in the Principal School Dental Officer's report the service which is now being given to pupils in Special Schools and Training Centres. This work is of a most exacting nature and Mr. K. E. Nicholas, Deputy Principal School Dental Officer must be congratulated on making such a success of the venture. Let us hope that this service can be further extended in the years to come.

General:

Since writing last year the Local Authority Social Service Act 1970 has been published and made law. This Act transfers certain duties at present undertaken by the health department to a new Social Services Department. The transfer of the functions will take place on the 1st April, 1971.

This has cleared up some of the uncertainty expressed in my last report but there still remains the question of re-organisation of the health services. At the time of writing we are awaiting the publication of a consultative document on health service re-organisation which, we hope, will not be long delayed. These prolonged uncertainties continue to have a serious effect on recruitment of professional staff and it is hoped that the future role of the department will soon be decided.

With the help of the Management Services Unit, plans are in preparation for the re-organisation of the administrative structure of the department. It is hoped that this re-organisation will enable us to give a better service to the field staff and the general public.

My thanks once again go to all members of the staff who have worked so hard during the year.

I am most grateful to all Chairmen and members of the Health Committee and its various Sub-Committees and to the Chairman and members of the Child Care Sub-Committee for all the help and advice they have given me over the year.

JOHN D. WILLINS,

County Medical Officer and
Principal School Medical Officer.

PART I

VITAL AND GENERAL STATISTICS

Vital Statistics

Area of the Administrative County	..	..	..	434,791 Acres
Population 1970 mid-year estimate	..	..	..	449,660
Estimated rateable value 1970/71	..	..	..	£18,333,098
Estimated product of a penny rate 1970/71	..	..	..	£76,243

	Worcestershire				England and Wales
	Male	Female	Total		
Live Births:					
Legitimate	3,632	3,552	7,184		
Illegitimate	215	181	396		
Live births rate per 1,000 population				16.7	16.0
Illegitimate live births per cent of total live births				5.0	8.0
Stillbirths:					
Legitimate	40	31	71		
Illegitimate	2	1	3		
Stillbirth rate per 1,000 live and stillbirths				10.0	13.0
Total live and stillbirths	3,889	3,765	7,654		
Infant deaths (deaths under one year)	69	55	124		

Infant Mortality rates:

Total infant deaths per 1,000 total live births	..	..	..	16.0	18.0
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	16.0	17.0
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	28.0	26.0
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births) .. .. .	..	..	..	12.0	12.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) .. .. .	..	..	..	10.0	11.0
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .. .. .	..	..	..	19.0	23.0

Maternal mortality (including abortion)

Number of deaths	1
------------------	----	----	----	----	----	----	----	---

Population of Administrative County

							Mid Year 1968	Mid Year 1969	Mid Year 1970
Urban areas									
Bewdley M.B.	..	..	..	..	..	..	6350	6400	6410
Bromsgrove	..	..	..	..	..	..	39000	39440	39870
Droitwich M.B.	..	..	..	..	..	..	9670	10350	11650
Evesham M.B. ..	..	..	..	..	..	..	13150	13170	13190
Halesowen M.B.	..	..	..	..	..	..	51180	51930	52320
Kidderminster M.B.	..	..	..	..	..	..	46180	46740	47000
Malvern ..	..	..	..	..	..	..	29530	29810	29950
Redditch ..	..	..	..	..	..	..	37080	37910	40010
Stourbridge M.B.	..	..	..	..	..	..	51970	52290	52210
Stourport-on-Severn	..	..	..	..	..	..	15260	16090	16410
Total							299370	303140	309020
Rural areas									
Bromsgrove ..	..	..	..	..	..	..	37220	37310	37450
Droitwich ..	..	..	..	..	..	..	15680	15870	15960
Evesham ..	..	..	..	..	..	..	18890	19070	19050
Kidderminster ..	..	..	..	..	..	..	12640	12660	12550
Martley ..	..	..	..	..	..	..	13330	13570	13630
Pershore ..	..	..	..	..	..	..	21200	21110	21310
Tenbury ..	..	..	..	..	..	..	5380	5440	5450
Upton-upon-Severn	..	..	..	..	..	..	15130	15310	15240
Total							139470	140340	140640
Total Administrative County							438840	444470	449660

Vital Statistics by District

District	Estimated population middle of 1970	No. of births	Birth Rates		No. of illegiti- mate births	No. of deaths	Death Rates		Deaths under one year	Infant mortality rate a 1,000 live births	Respiratory tuberculosis		Cancer death rate
			Crude	Standardised			Crude	Standardised			No. of deaths	Death rate	
<i>Urban Districts</i>													
Bewdley (M.B.) ..	6,410	152	23.7	20.9	5	54	8.4	9.6	1	7	—	—	1.6
Bromsgrove ..	39,870	566	14.2	12.8	23	416	10.4	10.6	10	18	—	—	1.9
Droitwich (M.B.) ..	11,650	227	19.5	19.5	12	123	10.6	8.1	3	13	1	.09	1.8
Evesham (M.B.) ..	13,190	231	17.5	17.7	16	223	16.9	11.7	—	—	—	—	2.3
Halesowen (M.B.) ..	52,320	907	17.3	16.6	29	577	11.0	12.1	16	18	—	—	2.1
Kidderminster (M.B.) ..	47,000	885	18.8	18.8	59	550	11.7	11.1	17	19	1	.02	1.7
Malvern ..	29,950	471	15.7	18.5	36	336	11.2	9.9	12	25	—	—	2.2
Redditch ..	40,010	831	20.8	20.2	45	396	9.9	11.6	12	14	—	—	2.0
Stourbridge (M.B.) ..	52,210	953	18.3	17.4	51	603	11.5	12.3	16	17	—	—	2.4
Stourport ..	16,410	360	21.9	20.8	21	142	8.7	12.0	5	14	1	.06	2.0
<i>All Urban Districts</i> ..	309,020	5,583	18.1	17.7	297	3,420	11.1	11.2	92	16	3	.01	2.3
<i>Rural Districts</i>													
Bromsgrove ..	37,450	566	15.1	14.0	18	290	7.8	8.7	9	16	1	.03	2.1
Droitwich ..	15,960	212	13.3	14.0	18	146	9.1	9.7	1	5	—	—	1.6
Evesham ..	19,050	298	15.6	17.6	18	227	11.9	11.5	4	13	1	.05	2.3
Kidderminster ..	12,550	148	11.8	10.9	7	128	10.2	10.4	3	20	1	.08	2.1
Martley ..	13,630	190	13.9	14.6	11	130	9.5	9.8	4	21	—	—	2.1
Pershore ..	21,310	328	15.4	16.8	16	227	10.7	10.5	9	27	1	.05	2.3
Tenbury ..	5,450	62	11.4	13.0	5	64	11.7	11.2	—	—	—	—	2.2
Upton ..	15,240	193	12.7	14.9	6	253	16.6	9.8	2	10	—	—	3.0
<i>All Rural Districts</i> ..	140,640	1,997	14.2	14.6	99	1,465	10.4	10.0	32	16	4	.03	2.2
<i>Administrative County</i> ..	449,660	7,580	16.9	16.7	396	4,885	10.9	10.8	124	16	7	.02	2.1

Causes of death at different periods of life in the Administrative County of Worcester

Causes of Death		All Ages		Under 4 weeks		4 weeks and under 1 year		1—4 Years		5—14 Years		15—24 Years		25—34 Years		35—44 Years		45—54 Years		55—64 Years		65—74 Years		75 and over	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
ALL CAUSES		2517	2368	48	40	21	15	12	15	16	11	39	10	22	15	60	39	170	105	489	249	790	526	850	1343
1	Enteritis and other Diarrhoeal Diseases ..	2	2				1	2																	1
2	Tuberculosis Respiratory		1																			1			
3	Tuberculosis, other	2	4															1	1				1	1	
4	Meningococcal infection	1				1																			
5	Other Infective and Parasitic Diseases ..	7	6	1					1								1	2	1	1	2	1	2		
6	Malignant Neoplasm Buccal Cavity ..	6																	2		3		1		
7	Malignant Neoplasm Oesophagus ..	9	9															1		2	1	4	3	2	5
8	Malignant Neoplasm Stomach ..	58	35											1		1		1	2	16	7	22	5	18	20
9	Malignant Neoplasm Intestine ..	77	67													2	2	4	5	22	14	32	17	17	29
10	Malignant Neoplasm Larynx ..	7	3															1		4	1	2		1	1
11	Malignant Neoplasm Lung Bronchus ..	187	42											3		4		20	5	58	17	75	14	27	6
12	Malignant Neoplasm Breast ..		99																25	22		20			25
13	Malignant Neoplasm Uterus ..		35												2				5		11	4			10
14	Malignant Neoplasm Prostate ..	40																		3		14		23	
15	Leukaemia ..	14	6					2								1		2	1	3	1	3	2	3	2
16	Other Malignant Neoplasms ..	110	136					1		1	1	2	1	2		6	6	8	14	32	30	26	36	32	48
17	Benign and Unspecified Neoplasms ..	6	2																1	1		3		2	
18	Diabetes Mellitus ..	17	29								1					1				3	4	6	10	7	14
19	Multiple Sclerosis ..	1	5															1	2				1		1
20	Other Endocrine Diseases ..	5	17	1		2	1		1					1				1	1		3	2	3		7
21	Anaemias ..	2	15														2			1	1		1	1	11
22	Other Diseases of Blood, etc. ..	1																				1			
23	Mental Disorders ..		5																		2				2
24	Meningitis ..	4	2	1		1	1												1						1
25	Other Diseases of Nervous System ..	21	21						2	1		3		1	2	1	1	1	1	5	3	4	7	5	4
26	Chronic Rheumatic Heart Disease ..	29	36									1				1	2	5	2	7	10	7	9	8	13
27	Hypertensive Disease ..	53	49													2		9	1	12	5	17	15	13	28
28	Ischaemic Heart Disease ..	649	468													17	1	64	9	145	38	224	137	199	283
29	Other forms of Heart Disease ..	126	213								1	2		1	1	2		2	1	17	3	36	31	66	176
30	Cerebrovascular Disease ..	313	437						1	1				1	2	1	3	13	9	50	27	92	86	155	309
31	Other Diseases of Circulatory System ..	89	81													2	1	1	2	12	5	26	10	48	63
32	Influenza ..	35	23											1				1		7	3	14	7	12	13
33	Pneumonia ..	121	163	1	1	1	1	1	3	2	3	3	1	3	2	1		3	2	9	12	42	28	55	110
34	Bronchitis and Emphysema ..	186	68						1								1	7	1	35	4	78	27	66	34
35	Asthma ..	3	7							1		1		1	2			1							
36	Other Diseases of Respiratory System ..	28	15		1	5	1			1							1		1	3	2	4	3	15	2
37	Peptic Ulcer ..	29	18													2			1	5		11	7	9	6
38	Appendicitis ..	2	1					1												1					1
39	Intestinal Obstruction and Hernia ..	7	10			1	1																		
40	Cirrhosis of Liver ..	10	8										1				1		2		1	2	2	4	6
41	Other Diseases of Digestive System ..	21	21			1			1			1	1				1	2	1	6		8	4	3	14
42	Nephritis and Nephrosis ..	18	11										1	1			1	2	5		2	1	5	4	4
43	Hyperplasia of Prostate ..	13																				3		8	
44	Other Diseases, Genito-Urinary System ..	16	14														1		1						
45	Diseases of Skin Subcutaneous Tissue ..	2	1	1															1		3	6	3	8	7
46	Diseases of Musculo-Skeletal System ..	10	18													1	1		1					1	
47	Congenital Anomalies ..	20	19	7	9	6	5	2	2	1	1	1					1		3		2		6	5	8
48	Birth Injury, Difficult Labour, etc. ..	22	13	22	13													2		1					1
49	Other Causes of Perinatal Mortality ..	14	16	14	16																				
50	Other Complications of Pregnancy ..		1											1											
51	Symptoms and Ill Defined Conditions ..	8	17						1				1							1				7	15
52	Motor Vehicle Accidents ..	48	18					1		5	4	18	2	3	1	3	1	4	1	7	1	6	3	1	5
53	All Other Accidents ..	47	67			2	3	2	2	3		2	1	4		4		4	3	7	1	3	12	16	45
54	Suicide and Self-Inflicted Injuries ..	14	9									2		1		5	1		2		3	2	2	2	1
55	All Other External Causes ..	7	5			1						3									1		2	3	1

Causes of Death in Administrative Areas—Urban and Rural Districts

CAUSES OF DEATH	URBAN DISTRICTS										Total	RURAL DISTRICTS								Total	GRAND TOTAL FOR COUNTY	
	Bewdley B.	Bromsgrove	Droitwich B.	Evesham B.	Halesowen B.	Kidderminster B.	Malvern	Redditch	Stourbridge B.	Stourport-on-Severn		Bromsgrove	Droitwich	Evesham	Kidderminster	Martley	Pershore	Tenbury	Upton-on-Severn			
All Causes	54	416	123	223	577	550	336	396	603	142	3420	290	146	227	128	130	227	64	253	1465	4885	
1 Enteritis and other Diarrhoeal Diseases	—	1	—	—	—	1	2	—	—	—	4	—	—	—	—	—	—	—	—	—	4	1
2 Tuberculosis Respiratory	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	2
3 Tuberculosis, Other	—	—	1	—	—	1	—	—	—	1	3	1	—	1	—	—	1	—	—	3	6	3
4 Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	4
5 Other Infective and Parasitic Diseases	—	2	1	—	—	1	—	2	—	1	7	1	—	—	3	—	2	—	—	6	13	5
6 Malignant Neoplasm—Buccal Cavity	1	1	—	—	1	—	—	1	—	—	4	—	—	—	—	1	—	—	1	2	6	6
7 Malignant Neoplasm—Oesophagus	—	1	1	2	—	2	1	1	2	2	12	1	—	1	—	1	2	1	—	6	18	7
8 Malignant Neoplasm—Stomach	1	7	3	1	16	10	11	6	12	2	69	8	1	2	2	3	3	1	4	24	93	8
9 Malignant Neoplasm—Intestine	3	9	2	5	18	11	6	10	20	5	89	10	5	8	7	5	9	2	9	55	144	9
10 Malignant Neoplasm—Larynx	—	—	—	2	—	1	—	—	2	—	5	1	1	—	—	1	2	—	—	5	10	10
11 Malignant Neoplasm—Lung Bronchus	2	19	3	9	24	15	13	28	36	9	158	19	6	13	8	6	6	2	11	71	229	11
12 Malignant Neoplasm—Breast	1	12	2	4	13	8	3	6	14	5	68	10	3	5	1	5	1	1	5	31	99	12
13 Malignant Neoplasm—Uterus	—	—	1	1	5	3	4	3	4	1	22	3	—	1	2	1	4	—	2	13	35	13
14 Malignant Neoplasm—Prostate	—	2	1	1	4	2	3	4	12	2	31	3	1	1	—	—	2	1	1	9	40	14
15 Leukaemia	—	1	1	—	3	1	1	3	2	—	12	4	—	—	—	1	3	—	—	8	20	15
16 Other Malignant Neoplasms	2	24	7	5	24	28	23	18	23	6	160	21	8	13	6	5	16	4	13	86	246	16
17 Benign and Unspecified Neoplasms	—	—	1	—	1	—	1	2	—	1	6	1	—	1	—	—	—	—	—	2	8	17
18 Diabetes Mellitus	—	2	1	1	8	7	3	6	5	1	34	4	2	—	3	—	3	—	—	12	46	18
19 Multiple Sclerosis	—	—	—	2	—	1	—	—	2	—	5	—	—	—	—	—	1	—	—	1	6	19
20 Other Endocrine Diseases	—	—	—	—	5	4	1	—	3	—	13	2	1	2	—	1	2	—	1	9	22	20
21 Anaemias	—	—	1	1	1	1	3	1	3	1	12	—	1	2	1	—	—	—	1	5	17	21
22 Other diseases of Blood, etc.	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	1	22
23 Mental disorders	—	1	—	—	2	—	1	1	—	—	5	—	—	—	—	—	—	—	—	—	5	23
24 Meningitis	—	—	—	—	1	1	1	—	—	—	3	—	—	—	—	1	1	—	1	3	6	24
25 Other diseases of Nervous system	—	8	—	2	5	4	—	3	5	2	29	4	3	—	3	1	2	—	—	13	42	25
26 Chronic rheumatic heart disease	3	5	—	2	5	18	2	10	7	—	52	6	1	3	1	—	1	—	1	13	65	26
27 Hypertensive disease	2	8	—	4	13	12	7	9	9	4	68	3	2	3	—	4	9	3	10	34	102	27
28 Ischaemic heart disease	10	110	30	41	143	137	69	91	146	31	808	62	25	59	25	32	40	16	50	309	1117	28
29 Other forms of heart disease	6	20	10	30	27	40	24	30	44	16	247	12	7	19	7	6	15	6	20	92	339	29
30 Cerebrovascular disease	7	50	22	56	78	80	51	63	109	15	531	37	16	37	26	17	35	8	43	219	750	30
31 Other diseases of circulatory system	2	8	3	9	23	8	28	10	18	4	113	6	7	6	8	8	9	—	13	57	170	31
32 Influenza	1	3	4	1	5	9	5	6	7	—	41	2	1	2	2	2	2	3	3	17	58	32
33 Pneumonia	5	41	11	16	31	29	20	16	22	3	194	15	14	8	4	7	12	5	25	90	284	33
34 Bronchitis and emphysema	1	16	4	16	51	37	7	17	31	9	189	16	9	10	3	5	9	3	10	65	254	34
35 Asthma	—	1	—	—	2	1	1	1	—	1	7	1	1	—	1	2	—	—	—	5	12	35
36 Other diseases of respiratory system	—	3	3	1	8	4	1	8	1	3	32	2	—	1	—	—	3	—	3	9	41	36
37 Peptic Ulcer	—	4	1	—	6	8	2	2	7	1	31	5	3	4	—	—	1	2	1	16	47	37
38 Appendicitis	—	—	—	1	—	1	—	—	—	—	2	—	—	—	—	—	—	—	1	1	3	38
39 Intestinal obstruction and hernia	1	1	—	—	1	2	1	—	2	—	8	1	3	1	1	—	2	—	2	10	18	39
40 Cirrhosis of Liver	—	—	—	1	4	2	1	—	1	—	9	—	—	2	1	—	2	—	3	8	17	40
41 Other diseases of digestive system	—	3	2	1	6	7	3	4	4	2	32	3	2	—	2	—	1	1	1	10	42	41
42 Nephritis and Nephrosis	—	6	—	1	4	2	—	4	4	1	22	—	1	1	—	1	4	—	—	7	29	42
43 Hyperplasia of prostate	—	2	1	—	2	1	—	1	—	—	7	—	2	1	2	—	1	—	—	6	13	43
44 Other diseases, genito-urinary system	—	1	1	—	—	3	3	2	1	2	13	4	2	2	1	2	1	—	5	17	30	44
45 Diseases of skin, subcutaneous tissue	—	1	—	—	1	1	1	—	—	—	3	—	—	—	—	—	—	—	—	—	3	45
46 Diseases of musculo-skeletal system	1	4	—	2	6	—	3	—	5	—	21	—	3	2	1	1	—	—	—	7	28	46
47 Congenital anomalies	—	5	1	—	1	6	3	2	6	2	26	5	2	—	—	1	2	2	1	13	39	47
48 Birth injury, difficult labour, etc.	1	1	1	—	4	3	3	4	7	2	26	—	—	3	—	2	4	—	—	9	35	48
49 Other causes of perinatal mortality	—	5	—	—	4	5	2	2	3	1	22	3	1	—	—	2	2	—	—	8	30	49
50 Other Complications of Pregnancy, etc.	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	50
51 Symptoms and ill defined conditions	—	1	—	1	1	3	8	4	1	1	20	1	1	—	1	—	—	—	2	5	25	51
52 Motor vehicle accidents	1	4	—	—	8	7	2	6	6	4	38	7	3	7	1	3	4	—	3	28	66	52
53 All other accidents	2	17	3	3	10	20	8	8	11	1	83	4	6	4	4	2	5	1	5	31	114	53
54 Suicide and self-inflicted injuries	—	4	—	1	2	1	1	—	5	—	14	2	2	1	—	—	1	2	1	9	23	54
55 All other external causes	1	2	—	—	—	1	3	—	1	—	8	—	—	1	—	1	1	—	1	4	12	55

PART II

HEALTH CENTRES

SECTION 21

NATIONAL HEALTH SERVICE ACT, 1946

Health Centres

It is pleasing to be able to report that the programme to provide health centres in Worcestershire is now taking shape in certain areas. At the time of writing the position concerning new schemes is as follows:

Redditch — Smallwood

Building has now commenced and it is still hoped that completion will be around the middle of 1972. Some delay has occurred by it being necessary to include an extra floor for the Social Services department. Despite this the general practitioners in Redditch have been most helpful and understanding.

Redditch — Matchborough

This is a small temporary health centre which has been brought about by the adaptation of two four-bedroomed type houses. The centre is to come into operation in January, 1971 and will cover the needs of a developing housing estate for the next five years, following which it will be replaced by a purpose-built health centre which will cover a number of housing estates.

Stourport-on-Severn

The building of this centre is proceeding rapidly and there is every indication that it will be completed at the end of 1971.

Kidderminster

Here again good progress is being made, although some delay has unavoidably occurred since additional accommodation has been required for the Social Services department we are hopeful that final completion will only be delayed by three or four months. Once again I am grateful to the doctors for readily accepting this difficult position.

Wythall

Some difficulties have occurred during the year concerning this health centre but we are now hopeful that final clearance to go ahead will be given by the Department of Health and Social Security early in 1971.

At a number of other towns including Halesowen, Droitwich, Evesham and Pershore, discussions are proceeding concerning health centre provision. In addition consideration is being given to adapting a clinic at Malvern into a health centre and this will be done by the purchase of a nearby property.

PART III

CARE OF MOTHERS
AND YOUNG CHILDREN

SECTION 22

NATIONAL HEALTH SERVICE ACT, 1946

Care of Mothers and Young Children
(Section 22 — National Health Service Act, 1946)

Report by Isobel J. McLarty, M.B., Ch.B., Senior Medical Officer, Maternal and Child Health Services.

Child Health Clinics

There was a slight decrease in the numbers attending the child health clinics due to the increasing numbers of general practitioners who are running their own well baby clinics. Having so many of our health visitors attached to the various practices has encouraged this trend.

One new centre was opened at Woodrow in Redditch, which is a new town development area. There are many problems here with the large influx of families new to the area and with few facilities on the estate.

The clinic at Wribbenhall was transferred to the new clinic premises in Bewdley which has been opened in conjunction with the local doctors. This has proved to be a popular clinic and provides a very harmonious working arrangement.

A small health visitors advisory clinic at Madeley Heath was closed at the end of the year as there was no longer any need for it. A monthly health visitors advisory clinic was opened in February at Hopwood with an average attendance over the year of 20 children.

Once again tribute must be paid to the valiant work done by all the voluntary helpers at our clinics, their services are very much appreciated.

A total of 20,095 pre-school children were seen at the child health sessions during the year, compared with 21,069 during the previous year.

Developmental Clinics

The special clinics for the two to four year olds which were started towards the end of 1969, have now been increased to cover eight areas. Some are held every fortnight and some once a month, giving a total of thirteen sessions a month. During 1970 just over 600 children have been examined by the medical officers at these clinics. There has been a good response from the parents who appreciate the opportunity of discussing any problems concerning their child.

Some family doctors have expressed interest and are beginning to refer children through their attached health visitors for specific problems such as delayed speech and suspected hearing loss, visual conditions and behaviour difficulties. This is a satisfactory beginning to what is hoped will be an increasing liaison between general practitioners and local authority medical officers.

Lea Castle Hospital

It has been arranged that the health visitors should attend the Consultant Paediatrician's out patient clinic when one of her patients is due to be seen. This has proved to be very beneficial to everyone concerned.

Audiometric Services

The work of the audiometric health visitors has continued to develop further with the pre-school child and to a somewhat lesser degree with the school child.

Referrals for hearing tests to the audiometric health visitors have increased most markedly in requests by general practitioners since the widespread general practitioner attachment of health visitors. Supportive work has continued in the homes of families with very young deaf children. Parent guidance and auditory training, in the initial stages, aims at creating, in the child, a listening attitude and a desire to communicate through speech. In this field, as in other aspects of work, the audiometric health visitor acts as a "bridge of gaps". Between the health visitor's initial referral of failure of screening test and the formal commencement of education for the deaf by the peripatetic teachers, she assists in the more detailed investigation of hearing loss and liaises with hospital ear nose and throat departments.

The percentage rates of very young deaf children remains low, but the number of children who give abnormal response to sound and need fuller investigation, seem to present an ever increasing problem.

At Risk List

The 'at risk' list was originally conceived by Dr. Mary Sheridan to highlight the children who were thought to be more "at risk" of developing a handicap so that they should be detected early. It was found that too many children were being placed on this list and that it was not practical nor necessary to have all these children especially selected for intensive follow-up. The list has been invaluable in making everyone aware of the importance of the early detection of handicaps.

Much thought has been given to the latest "at risk" list and changes are being made to make it more realistic and meaningful. The health visitors, who have all been given an in-service training course by a medical officer skilled in developmental paediatrics, are being given some of the responsibility of selecting the children for this list which will be combined with an observation register. The overall supervision of the register is undertaken by a Senior Medical Officer.

Phenylketonuria

The Guthrie Test is a blood test for phenylalanine and replaces the “nappy test.” It has been carried out by the midwives on all babies between the 6th-14th day. It commenced in April and since then 5,527 tests have been made, one being positive, two mothers refused to have the test.

Children with congenital defects

The scheme for notification of congenital abnormalities apparent at birth is continuing. The birth notification card is still the main source of this information and where abnormalities are not apparent at birth, details are obtained from hospital discharge forms and health visitors.

Congenital defects involving the following systems were notified to the Registrar General during the year:

Central Nervous System	..	..	..	18	(35)
Ear	..	..	..	—	( 2)
Eye	..	..	..	1	(3)
Alimentary System	..	..	..	16	(15)
Heart	..	..	..	5	(7)
Urogenital System	..	..	..	7	(14)
Limbs excluding talipes	..	..	..	15	(31)
Talipes	..	..	..	30	(32)
Congenital dislocation of hip	..	..	..	8	(inc. with other defects)
Mongols	..	..	..	4	(7)
Other defects	..	..	..	5	(9)
				109	

5 of these cases were stillbirths. Cases notified in 1969 are in parenthesis.

Defects List

All children with a congenital malformation, or other disability diagnosed later continue to be kept under close observation by the health visitor who submits a regular report. This ensures referral to the school health service and the provision of suitable schooling for their needs.

Children with known defects at the end of the year were as follows:

Blind	..	..	..	..	..	..	..	..	3
Visual and eye defects (excluding squint and refractive errors)	..								24
Deaf and partially hearing	..	..	..	..	..	..	..		6
Epilepsy	..	..	..	..	..	..	..	..	25
Severe speech disorder	..	..	..	..	..	..	..		9
Hare lip and cleft palate	..	..	..	..	..	..	..		45
Diabetes	..	..	..	..	..	..	..	..	3
Spina bifida and/or hydrocephalus	..	..	..	..	..	..	..		37
Cerebral palsy	..	..	..	..	..	..	..	..	17
Congenital dislocation of hip	..	..	..	..	..	..	..		34
Other physical handicaps	..	..	..	..	..	..	..		51
Cardio-vascular defects	..	..	..	..	..	..	..		50
Severe mental retardation	..	..	..	..	..	..	..		67
Mongols	..	..	..	..	..	..	..	..	34
Metabolic and renal dysfunction	..	..	..	..	..	..	..		27
Other disorders of development	..	..	..	..	..	..	..		24
									456

Causes of stillbirths and infant deaths

The following table shows the causes of the stillbirths and infant deaths :

Cause	Stillbirths	Infant deaths			
		0-1 week	1-4 weeks	1-12 months	1-5 years
Maternal antepartum haemorrhage	9	—	—	—	—
Maternal toxæmia ..	14	1	—	—	—
Placental insufficiency ..	14	—	—	—	—
Birth trauma	13	9	2	—	—
Congenital abnormality ..	7	7	6	12	5
Rhesus incompatibility ..	2	2	—	—	—
Prematurity	2	44	2	—	—
Pulmonary conditions ..	—	7	—	12	8
Infections other than pulmonary	—	1	1	3	5
Malignant conditions ..	—	—	—	—	3
Accidents	—	—	—	4	5
Other known causes ..	1	2	1	3	4
Causes not known	15	—	—	1	—
	77 (99)	73 (75)	12 (12)	35 (23)	30 (18)
Figures for 1969 are in parenthesis					

Report of work carried out by the Worcestershire Diocesan Association for Family and Social Service

During the year 212 new cases from the County area, 14 of whom were under 16 years of age, were referred to the diocesan workers.

Of the 212 expectant mothers 20 were admitted to mother and baby homes outside the County and received help with their fees.

There were 42 admissions to the diocesan mother and baby home at Barsham House, Malvern, 12 of these being from the Worcestershire County area. This Home was closed at the end of October.

Family Planning Clinics

Three new clinics were opened during the year at Halesowen, Malvern and Bewdley.

Sessions specifically for fitting the intra-uterine device have been held at Kidderminster, Catshill and Worcester.

Due to the increasing demand additional sessions have been introduced at several of the established clinics.

Fourteen talks on family planning were given to Women's and Youth Organisations in the County during the year.

No. of clinics at end of year	12	(9)
No. of new patients	1906	(1398)
No. of women attending	4536	(3457)
Total attendances	13,667	(9398)
No. of sessions (general)	617	(437)
No. of sessions (for intra-uterine device) ..	89	(51)
Total no. of sessions	706	(488)

Figures for 1969 are in parenthesis.

Cervical Cytology

It will be noted that the attendance at all the clinics has dropped from an overall total of 3,251 to 2,647. This is accounted for by several factors; family planning clinics are taking their own smears and more smears are being taken by the family doctors, in the hospitals and at post-natal clinics.

It may seem odd that attendances have dropped at some clinics where there is a long waiting list but this is due to the number of patients who fail to keep their appointments and do not let us know.

The number of positive cases found in the County was 0.15% as compared with 0.21% in 1969. The number of suspicious cases was 0.18%.

The following table shows the number of attendances :

Clinic	Attendances	Suspicious	Positive
Worcester City and County ..	568	3	—
Stourbridge	489	—	1
Halesowen	434	—	—
Bromsgrove	271	1	2
Kidderminster	402	1	1
Redditch	140	—	—
Wythall	97	—	—
Evesham	256	—	—

Marriage Guidance

A grant was made to the Worcestershire Marriage Guidance Council during the year.

Ante-natal Clinics

There are no ante-natal clinics with a medical officer in attendance. Some midwives hold their own ante-natal clinics and others carry out joint sessions with general practitioners in their surgeries. Forty-one midwives' clinics were active during the year, thirty-one of these were in general practitioners' surgeries. One thousand, three hundred and twenty sessions were held.

Ante-natal, Mothercraft and Relaxation Classes

These clinics continue to fulfil a very useful purpose. They are well attended and the relaxation classes prove their value during labour.

Attendances at Relaxation and Parentcraft Classes							
Clinic	New Cases		Attendances				
	1970	1969	1970	1969			
Bewdley	44	25	217	82			
Bromsgrove	121	121	421	385			
Catshill	52	74	382	500			
Cradley	33	21	89	106			
Droitwich	44	50	189	171			
Evesham	168	147	1070	894			
Halesowen (Highfield Lane) ..	145	109	494	505			
Halesowen (Blackheath) ..	31	47	162	154			
Kidderminster	161	130	468	382			
Lye	34	37	146	163			
Malvern	109	99	446	400			
Pedmore	54	76	183	282			
Pershore	41	22	124	87			
Redditch	165	143	950	830			
Rubery	69	62	407	234			
Stourbridge	121	156	468	609			
Stourport	103	73	648	456			
Tenbury	21	13	111	87			
Upton-on-Severn	17	33	48	171			
Wythall	44	31	264	173			
Worcester County	11	17	59	71			
Stourport H.M.C.	237	203	318	203			

Nurseries and Child Minders

The work of this section continues to escalate as can be seen by the figures.

The standard continues to be high due to the constant supervision and advice given. The playgroups are encouraged to join the Pre-School Playgroups Association with whom there is a close liaison.

Many cases of deprived and handicapped children are investigated and assessed on the County Council scale, 19 of whom have been placed in playgroups and have been paid for by the County Council. Many groups accept a needy child at a reduced fee on their own initiative and this is to be highly commended.

At the end of the year 150 (103) persons and 124 (110) premises were registered, providing places for 3,555 (3,024) children.

The number of withdrawals were 12 playgroups and 27 childminders.

In addition 52 applicants were visited by a Medical Officer, but for various reasons did not proceed with their application.

Dental Treatment of Expectant and Nursing Mothers and Pre-School Children by C. W. D. Jones, B.D.S., Chief Dental Officer.

Expectant and Nursing Mothers

Inspection and treatment is continuing to be offered to any of this group of patients who request it. The number seen is similar to last year and the demand is coming mainly from areas where there is a shortage of national health service practitioners.

Pre-School Children

New efforts have been made to inform parents of pre-school children that advice and treatment is available at the local authority dental clinics. This information is prominently displayed on dental consent forms and appointment cards. Despite these innovations there has been no increase in the number making themselves available of the service.

The condition of the next generations' teeth are influenced by the parents from the time of conception. Before birth, heredity and the mother's diet are the controlling factors. After birth, the child's diet, personal oral hygiene and regular dental inspection and treatment decide the child's dental health. With the exception of heredity all the other factors are influenced and decided by the parents.

Any parent who feels advice is required can obtain it by asking at any of the county clinics.

Dental Services for Expectant and Nursing Mothers and Children under 5 Years

PART A. ATTENDANCES AND TREATMENT

Number of Visits for Treatment during Year

	Children 0-4 (incl.)	Expectant and Nursing Mothers
First Visit	316	48
Subsequent Visits	257	114
Total Visits	573	162
Number of Additional Courses of Treatment other than the First Course commenced during year	7	—
Treatment provided during the year — Number of Fillings	481	144
Teeth Filled	446	140
Teeth Extracted	292	89
General Anaesthetics given	106	6
Emergency Visits by Patients	47	2
Patients X-Rayed	3	2
Patients Treated by Scaling and/or Removal of Stains from the Teeth (Prophylaxis)	39	28
Teeth otherwise conserved	151	—
Teeth Root Filled	—	—
Inlays	—	3
Crowns	—	1
Number of Courses of Treatment completed during the year	226	43
PART B. PROSTHETICS		
Patients supplied with F.U. or F.L. (First time)		3
Patients supplied with other Dentures		7
Number of Dentures supplied		14
PART C. ANAESTHETICS		
General Anaesthetics administered by Dental Officers		—
PART D. INSPECTIONS	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections during year	837	48
Number of Patients in A and D above who required Treatment	402	44
Number of Patients in B and E above who were offered Treatment	326	42
PART E. SESSIONS		
Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :		
For Treatment		160
For Health Education		52

PART IV

MIDWIFERY

SECTION 23

NATIONAL HEALTH SERVICE ACT, 1946

Midwifery Service
(Section 23—National Health Service Act, 1946)

Births

During the year under review, domiciliary midwives attended 1,398 home confinements and 114 in general practitioners units, accounting for 19.82% of the total births in the County. This is a slight decrease compared with last year's figure of 20.2%.

In hospital, there were 6,113 births, and 5,621 mothers and babies were discharged home at less than 10 days to the care of the domiciliary midwives. This is a substantial increase compared with the previous year. The trend for the 48 hour stay in hospital has continued, of which there were 884 cases.

Regional Hospital Board Management Courses

Two midwives attended the one week's course in first line management, and three midwives were selected to attend the advanced midwifery course, which includes one week in management and one week's clinical instruction.

Pupil midwives Part II district training

Five pupil midwives completed the Part II district training in midwifery and four were successful in qualifying.

Central Midwives' Board Visit

The Education Officer of the Central Midwives' Board visited the County in August. Her report was very complimentary.

Practising Midwives in the County

Fifty-two hospital midwives, two private midwives and 95 domiciliary midwives notified their intention to practice. One additional midwife was approved as a domiciliary teaching midwife, now making a total of eight teaching midwives in the County.

Birth Survey

The domiciliary midwives participated in the National Survey which was held during the week 5th to 11th April.

General Practitioner Attachment Schemes

Twenty-nine midwives and 12 district nurse/midwives are now allocated to general practitioner practices throughout the County. Increasingly, joint ante-natal sessions have been set up in the doctors' surgeries. The total number of sessions attended by midwives was 1,320.

Health Education

More domiciliary midwives are taking part in parentcraft/relaxation classes. Local arrangements are being made for additional midwifery staff to be taught the technique of giving relaxation instruction. One midwife attended the course in Preston.

Integration with Hospital and Domiciliary Midwifery Staff

On April 1st, a Pilot scheme commenced in Mary Stevens Maternity Hospital, which was limited to patients within the confines of Pedmore. The scheme proceeded smoothly and now includes the whole of Stourbridge and Hagley. All doctors from the practices in both areas were included. Twelve mothers were attended by the midwife who participated in the scheme.

Following a plan submitted by the Bromsgrove domiciliary midwives a series of meetings were held. As a result, a 15 bed ward was handed over to Worcestershire County Council and a general practitioner unit was established at the Bromsgrove General Hospital for the delivery and after-care of women who might otherwise be unable to obtain a hospital confinement. The scheme officially commenced on 4th May, and doctors from all the main practices in the town were included. In the first instance, admissions were limited to residents from the urban district. The midwives continued to attend the ante-natal clinics which are held chiefly in the general practitioners' surgeries.

The catchment area has gradually extended to include patients in Bromsgrove Rural District.

Rapid progress has been made and approximately 98% of the Bromsgrove domiciliary midwives' deliveries have taken place in the unit. From the day of the opening until the end of the year, 103 mothers had been attended by the midwives.

The greatest disappointment to the domiciliary midwives has been the loss of the home confinements and the personal care and attention of the mothers and babies. In the Bromsgrove scheme, we have tried to retain this, and the arrangement appears to meet with the unqualified approval of doctors and patients alike.

Negotiations are proceeding for a six bed ward to be made available to the district midwives in Evesham and it is hoped that this scheme will commence in the near future.

Premature Births

There were 459 premature live births and 45 premature still births during the year. Forty-eight of the premature live births died before they were four weeks old.

Stillbirths

There were 77 stillbirths during the year.

Maternal Deaths

There was one maternal death during the year due to complications following a difficult and prolonged labour.

PART V

HEALTH VISITING

SECTION 24

NATIONAL HEALTH SERVICE ACT, 1946

Health Visiting
(Section 24 National Health Service Act, 1946)

Staff

During 1970, despite population increases, we were able to maintain a satisfactory complement of health visiting staff, one vacancy only occurring in Redditch by the end of the year.

Recruitment

Health Visitor Training Courses

Recruitment to these courses has again been successful, with a further increase this year in the number of sponsored students accepted by the colleges. Seven students commenced training in October, 1970, three at the Birmingham Polytechnic and four at the North Gloucestershire Technical College.

Clinical Assistants

The practice of engaging state registered nurses as clinical assistants to health visiting staff, for a period prior to health visitor training, was continued and two such members of staff proceeded to training courses in September. This has proved to be a well worthwhile long term method of recruiting. By giving a period of practical initiation into all aspects of the health visitors work the process of re-orientation from the curative aspect of nursing in the hospital service to the preventive one in the community service is undoubtedly accelerated.

Field Work Instructors

Two further members of staff attended field work instructor courses during the year.

It is appropriate to mention the work of these key members of the health visiting staff, in connection with students and recruiting, as their continued influence on student motivation helps to ensure a well trained health visitor equipped to cope with the many complexities of contemporary society. The instructors are to be commended for coping with the extra work this involvement in training programmes entails, as it has not always been possible to reduce their caseloads to recommended levels.

Post Graduate Courses

Staff attended the following courses during the year :

General health visiting	..	..	..	..	..	..	..	8
Management 1st line	..	..	..	..	..	..	..	1
Field work instructor courses	..	..	..	..	..	..	..	2
Parentcraft and relaxation course	..	..	..	..	..	..	..	1

Short Courses

Weekend course — arranged by the Royal College of General Practitioners — Making Practice Perfect	..	..	..	..	..	..	..	6
One day course Shrewsbury Health Department	..	..	..	..	..	..	..	12
Three day course Wolverhampton Health Department	..	..	..	..	..	..	..	6
Study weekend — Lady Margaret Hall College, Oxford	..	..	..	..	..	..	..	2

Short courses have had a popular demand. They cater for individual needs and have proved an economy both financially and in working time.

In Service Training

Screening of Hearing

The annual courses were conducted by the County's audiometric health visitors at The Clinic, Barrington Road, Rubery, and the Clinic, Feldon Lane, Halesowen.

In addition to County staff, courses were arranged for health visiting staff from the adjacent areas of Worcester City, Warley, Wolverhampton and Dudley.

Staff trained were as follows :

Worcestershire County Council	..	..	13
Worcester City	..	..	2
Dudley County Borough	..	..	6
Warley County Borough	..	..	4
Wolverhampton County Borough	..	..	2

Paediatric Development

Dr. A. English lectured and demonstrated at eight short half day courses arranged throughout the County between February and June.

The Courses which were very popular, were designed to increase health visitors' knowledge in this specialist field and to afford an opportunity of observing up to date examination techniques.

Health Visitors from Worcester City and a small number of health visitor students from the City of Birmingham College of Commerce were also able to take advantage of these opportunities.

Regional Hospital Board — Study Days

Barnsley Hall Hospital

Health Visitors in the north of the County continued throughout the year to attend these very interesting courses.

Powick Hospital

In addition we were very pleased to accept an invitation for four members of the health visiting staff to attend a two-day course at the Charles Hastings Post Graduate Centre, Worcester. This helped to meet the needs of staff in the South of the County and provided yet another opportunity for liaison with psychiatric units.

Lectures given at Colleges of Education

City of Birmingham College of Commerce — Health Visitor Training Course

The Superintendent Health Visitor gave a talk illustrated by slides to health visitor students on "Health Visiting in Worcestershire." This was part of a new programme instituted by the Principal Tutor and designed to give health visitor students knowledge of services both in County Councils and County Borough Councils.

Worcester Technical College

Nursing Officers continue to lecture to First Line Management Courses (organised by the Regional Hospital Board for Hospital Staff) on "Nursing Services in the Local Authority." This affords an excellent opportunity for nursing staff in both the hospital and community fields to get together and try to overcome mutual difficulties.

Bromsgrove College of Further Education

At the invitation of the Course Tutor the work of the "Health Visitor in Worcestershire" was explained and illustrated by slides in a talk given to students of the Nursery Nurses Examination Board Course.

Foreign Visitors

Eight senior members of the nursing staff of European countries, including Finland, Austria, and Switzerland, visited the County Health Department in June. They were guests of the Midland Nursing Association of Otology who had arranged for them to see something of the work of the County's audiometric team, including the early detection of deafness in young children, and their subsequent educational treatment.

Involvement of Local Authority Nursing Staff in Group Medical Practices

An additional twenty-one health visitors and thirty-four nurses and midwives exchanged their traditional geographical areas of work for the patients of specified group practices during the year.

Nine health visitors in Stourbridge, six in Malvern, two in Rubery and one in Pershore, were among those who experienced such arrangements for the first time, as also did the six midwives and nine district nursing sisters in Stourbridge. Six nurse/midwives were also included in "attachment" schemes in Tenbury, Droitwich and Wolverley.

Periodic attempts are made to assess the success of existing schemes at least from the point of view of the local authority staff and from these results there can be little doubt that the general reaction is a favourable one.

Many midwives have observed that they are meeting their home booked patients at an earlier stage in pregnancy through their association with the patient's doctor and the district nursing sisters are very appreciative of the fuller information which is made available to them.

Involvement of Local Authority Nursing Staff in General Practices

1967			1968		1969		1970	
Health Visitors	Bromsgrove	6	Bromsgrove ..	6	Bromsgrove ..	6	Bromsgrove ..	8
	Redditch ..	6	Redditch ..	7	Redditch ..	7	Redditch ..	8
	Kidderminster	7	Kidderminster	7	Kidderminster	7	Kidderminster	9
	Bewdley ..	1	Bewdley ..	1	Bewdley ..	2	Bewdley ..	2
	Tenbury ..	1	Tenbury ..	1	Tenbury ..	1	Tenbury ..	1
					Hurst Green..	1	Hurst Green..	1
					Stourport ..	3	Stourport ..	3
							Stourbridge ..	9
							Malvern ..	6
							Pershore ..	1
		21			22			27
								48
Nurses	Kidderminster	4	Kidderminster	5	Kidderminster	6	Kidderminster	8
					Stourport ..	1	Stourport ..	4
					Bromsgrove ..	5	Bromsgrove ..	8
					S.E.N. (Kidd.)	1	Bewdley ..	1
							Stourbridge ..	9
							Tenbury ..	1
		4		5		13		31
Midwives			Kidderminster	4	Kidderminster	5	Kidderminster	6
					Redditch ..	4	Redditch ..	7
					Bromsgrove and Rubery ..	8	Bromsgrove and Rubery ..	7
							Stourport ..	1
							Stourbridge ..	6
							Bewdley ..	1
							Pershore ..	1
				4		17		29
District Nurse/ Midwives	Bewdley ..	2	Bewdley ..	2	Bewdley ..	2	Malvern ..	5
			Malvern ..	4	Malvern ..	4	Stourport ..	1
					Stourport ..	2	Tenbury ..	2
							Droitwich ..	2
							Wolverley ..	2
		2			6			8
								12
TOTAL ..		27			37			65
								120

PART VI

HOME NURSING

SECTION 25

NATIONAL HEALTH SERVICE ACT, 1946

Home Nursing
(Section 25 — National Health Service Act, 1946)

The number of patients attended by the County's nursing staff showed an increase of 1,051 over the 1969 figure.

	1969	1970
Under 5 years of age	376	436
Aged 65 years and over	4,612	5,273
Total patients attended	8,516	9,567

A satisfactory level of recruitment was maintained despite considerable changes of staff due to marriage, pregnancy and movement connected with husbands' employment. The administrative nursing officers have been on the alert for qualified staff of good professional calibre moving into the area and have ensured that they have been made aware of forthcoming vacancies. In this way delays in replacing staff have usually been reduced to a minimum.

District Training

One state registered nurse and two state enrolled nurses attended the courses at the Worcestershire and Birmingham Training Centres respectively. All were successful in passing the examination.

Post Graduate Courses

Two senior district sisters were selected to attend the Practical Work Instructors Course arranged by the Queen's Institute of District Nursing and they have since made a valuable contribution to the practical training of student district nurses.

A study day on "Diabetes in the Community" was attended by six nurses.

Observation Visits by Student and Pupil Nurses

Sixteen students and seventeen pupil nurses from local hospitals have accompanied our senior district sisters for a day's experience of nursing in the community.

Hospital Liaison

During the course of the year discussions were held concerning a proposed Five Day Ward at Bewdley Road Hospital, Kidderminster. The ward, which was in process of being renovated was to be opened in the new year for patients requiring minor surgery and whose domestic circumstances would permit their early discharge and post operative care at home.

In preparation for the scheme, arrangements were made for the district nursing sisters to spend a week in the wards of the hospital in order to meet the medical and nursing staff and to refresh their knowledge of the surgical procedures and nursing techniques at present in use.

Four nurses had completed the week's course by the end of the year and their reports indicated that the scheme was likely to be highly successful. They felt that they had benefited by the experience and paid spontaneous tributes to the courtesy and helpfulness of their medical and nursing colleagues in the hospital.

Home Nursing Attendants

These part-time auxiliary nurses are very popular and in great demand. The total number employed is now 47 and the hours worked by them have steadily increased. They play a large part in the care of the elderly, and their regular visits to assist with general hygiene and foot care, enable the geriatric health visitors and nurses to whom they are responsible, to keep large numbers of infirm old people under supervision.

In April an in-service training course was arranged for them in the form of six study days held weekly at the Clinic in Infirmary Walk, Worcester.

An average number of 34 home nursing attendants were present at the lectures and participated in the discussions and demonstrations.

The subjects covered included first aid, simple nursing procedures, diet and budgeting and prevention of accidents in the home.

When the course was subsequently evaluated it became evident that there was a great deal of enthusiasm for still more knowledge of nursing techniques and of first aid treatment.

Isobel Morcom Medal and Prize

This award was made to Miss M. A. Buck, S.R.N., S.C.M., Q.N., H.V., who had been district nurse/ midwife/health visitor in the Chaddeley Corbett area for 20 years.

Annual County Refresher Course

There were three consecutive afternoon meetings at the Swan Theatre, Worcester. These were well attended — the subjects discussed being “Social Research in Cancer Education”, “Family Planning”, “The Elderly in the Community”, “Diabetes and Pregnancy”, “The Problems of Normal Adolescence”, “A Demonstration of Vision Testing in the Pre-school Child”.

Registration of Nursing Homes under the Public Health Act, 1936 as amended by the Nursing Homes Act, 1963

There were 11 registered nursing homes giving a total of 197 beds.

Welfare Foods

Welfare Foods for expectant and nursing mothers and children under the age of five years, continued from 133 centres.

In comparison with the figures in 1969 the sale of cod liver oil remained the same, whereas the sale of national dried milk decreased by 39%, both vitamin tablets and orange juice showed an increase of 9% and 11% respectively.

Disposable equipment

The following issues were made during the year :

<i>Pants</i>	<i>Inco Pads</i>
1,224	Large 110,000
	Standard 24,000
<i>Inco Liners</i>	<i>Inco Rolls (10 ft. in length)</i>
20,000	8,160

PART VII

VACCINATION
AND
IMMUNISATION

SECTION 26

NATIONAL HEALTH SERVICE ACT, 1946
(EPIDEMIOLOGY INCLUDED)

Vaccination and Immunisation

The revised time-table of injections early in 1969 continued unaltered and as the primary course of triple vaccine and oral poliomyelitis finishes at 12 months of age the number of children born during 1970 who completed courses during the year is small and consists mainly of children whose family doctors prefer to use a different time-table of injections.

Vaccination against Rubella (German Measles)

The Joint Committee on vaccination and immunisation has recommended that vaccination should be offered to girls between their 11th and 14th birthdays and that initial priority be given to those in their 14th year. The purpose of this recommendation is to ensure that as many girls as possible are offered protection before reaching child-bearing age, because of the known association of certain foetal abnormalities with rubella infection in pregnancy. The sequelae of maternal rubella include foetal death and major congenital abnormalities such as cataract and other eye defects, cardiac anomalies, hearing loss, and mental retardation.

Because rubella itself is a mild disease seldom giving rise to complications except in the unborn child the aim of vaccination is to protect girls before they reach child-bearing age without attempting to reduce the incidence of natural rubella infection and the natural immunity this gives among younger children.

The vaccination campaign was started in September. Letters and consent forms were distributed to parents of 13 year old girls with the co-operation of teachers of local education authority and private schools. Parents were given the choice of having their children vaccinated at school or by their family doctor.

Because of the B.C.G. vaccination programme and the already numerous visits made to schools by the medical staff it was not possible to vaccinate before the end of the year all those girls whose parents had consented but these injections will be given as early as possible in the new year.

By the end of December, 1,606 girls had been vaccinated with live attenuated rubella virus vaccine.

Vaccination against Measles

The shortage of measles vaccine which had severely restricted the campaign during 1969 was not fully rectified until June when routine vaccination at 13 months was able to be resumed again. The campaign to vaccinate older children in school also continued.

The following table shows the number of children who received an injection of live attenuated measles vaccine during the year :

Children born in the year	1970	1969	1968	1967	1963-66	1954-62	Total
Primary Injections ..	22	1799	1415	803	2234	130	6403

Although these figures are over double those of 1969 many children have still not been vaccinated. This is partly because of the shortage of vaccine which continued into the first half of the year and partly due to the parents not bringing their children for vaccination despite the publicity given to the subject during the summer months.

During the year there was a national increase in cases of measles and 2,412 notifications were received in Worcestershire compared with 736 in 1969, 2,630 in 1968 and 3,942 in 1967.

Smallpox Vaccination

The number of children under 16 years of age who were vaccinated, or revaccinated against smallpox during the year are shown in the following table :

Age at date of Vaccination	0—3 months	3—6 months	6—9 months	9—12 months	1 year	2—4 years	5—15 years	Total
Number Vaccinated ..	4	8	14	24	2806	974	267	4097
Number re-vaccinated ..	—	—	—	—	5	73	510	588

Of the 4,097 primary vaccinations, 1,349 were given at County Council clinics.

No cases of smallpox were notified in the County during the year, and two cases of generalised vaccinia were reported. These cases were not connected.

Diphtheria Immunisation

The following table shows the number of children under 16 years of age who received a primary course or reinforcing doses of diphtheria vaccine either singly or in combination, during the year :

Children born in the year ..	1970	1969	1968	1967	1963-66	1954-62	Total
Completed Primary Courses	382	4164	601	42	210	59	5458
Reinforcing Doses ..	—	291	1279	281	5010	483	7344

No cases of diphtheria were notified.

Whooping Cough Immunisation

The number of children who have been given a primary course of whooping cough vaccine, usually in combination with other vaccines, is shown in the following table :

Children born in the year	1970	1969	1968	1967	1963-66	1954-62	Total
Completed Primary Courses	381	3990	557	36	61	9	5034

There were 119 cases of whooping cough notified during the year.

Tetanus Immunisation

The following table shows the number of children who received protection against tetanus during the year :

Children born in the year	1970	1969	1968	1967	1963-66	1954-62	Total
Primary Courses	382	4166	602	42	216	199	5607
Reinforcing Doses ..	—	292	1287	291	5052	1129	8051

Poliomyelitis Vaccination

Protection against poliomyelitis is normally given with Sabin oral poliomyelitis vaccine, there is only an occasional request for Salk vaccine.

The following table shows the number of children under 16 years of age who received protection against poliomyelitis during the year :

Children born in the year	1970	1969	1968	1967	1963-66	1954-62	Total
Primary Courses	459	4206	605	48	386	161	5865
Reinforcing Doses	—	286	1369	300	5077	1337	8369

There was one notification of poliomyelitis during the year.

Vaccination against Anthrax

There continues to be a small demand for anthrax vaccine, mainly for workers in the carpet manufacturing trade.

Long Stay Immigrants

169 notifications were received from medical officers of ports and airports of immigrants giving destination addresses in the County. Contact was established with 133 of these to advise them on the local health services and ensure their registration with local doctors.

Vaccination against Influenza

In October protection was made available to the County Council's Headquarters staff with vaccine containing strains of influenza virus previously encountered.

Computer Application

During the year preparations have been in progress to introduce a computerised appointments scheme for vaccination and immunisation in 1971.

This scheme will include all children born on or after 1st January, 1971 and the use of the computer will enable an appointments based system to be operated throughout the County. Facilities have also been offered to general practitioners who wish to make use of the scheme, which is aimed at improving further the already good immunisation rate within the County whilst trying to keep the clinic staffs' and general practitioners' clerical tasks to a minimum.

Diphtheria Immunisation — Return for year ended 31st December, 1970

District	Completed Primary Courses						Total	Reinforcing Doses					
	Year of Birth							Year of Birth					
	1970	1969	1968	1967	1963-1966	1954-1962		1969	1968	1967	1963-1966	1954-1962	Total
Bewdley Borough	8	92	19	4	4	1	128	2	9	9	99	1	120
Droitwich Borough	1	83	34	3	18	1	140	—	39	5	179	7	230
Evesham Borough	—	114	24	2	3	—	143	1	55	12	151	4	223
Halesowen Borough	85	548	63	1	23	1	721	40	190	28	575	60	893
Kidderminster Borough	38	595	50	3	51	—	737	55	129	53	543	154	934
Stourbridge Borough	116	584	34	6	9	—	749	47	265	44	618	78	1052
Bromsgrove Urban	7	369	93	4	24	3	500	8	59	9	206	23	305
Malvern Urban	38	241	20	1	8	1	309	6	65	16	340	39	466
Redditch Urban	19	481	56	7	22	9	594	71	152	45	729	27	1024
Stourport Urban	2	91	50	—	5	—	148	36	29	3	267	5	340
Bromsgrove Rural	10	242	43	2	9	—	306	7	52	7	205	15	286
Droitwich Rural	1	67	11	2	5	34	120	3	21	7	181	15	227
Evesham Rural	3	155	27	1	1	1	188	6	57	11	171	17	262
Kidderminster Rural	9	62	17	—	4	4	96	3	7	5	117	7	139
Martley Rural	24	122	12	2	4	—	164	3	38	5	169	5	220
Pershore Rural	3	183	27	3	15	4	235	1	66	14	260	16	357
Tenbury Rural	11	31	5	—	2	—	49	1	1	—	56	3	61
Upton-on-Severn Rural	7	104	16	1	3	—	131	1	45	8	144	7	205
Totals	382	4164	601	42	210	59	5458	291	1279	281	5010	483	7344

Tetanus Immunisation — Return for the year ended 31st December, 1970

District	Completed Primary Courses						Reinforced Doses						
	Year of Birth						Year of Birth						
	1970	1969	1968	1967	1963-1966	1954-1962	Total	1969	1968	1967	1963-1966	1954-1962	Total
Bewdley Borough	8	92	19	4	4	1	128	2	10	9	99	6	126
Droitwich Borough	1	84	34	3	18	1	141	—	39	5	179	12	235
Evesham Borough	—	114	24	2	3	1	144	1	55	12	152	4	224
Halesowen Borough	85	548	63	1	22	11	730	40	190	28	577	92	927
Kidderminster Borough	38	595	50	3	51	—	737	55	130	54	544	163	946
Stourbridge Borough	116	584	34	6	9	1	750	47	265	44	623	111	1090
Bromsgrove Urban	7	369	93	4	30	32	535	8	60	10	208	50	336
Malvern Urban	38	241	20	1	9	39	348	7	65	18	348	296	734
Redditch Urban	19	481	56	7	22	37	622	71	157	48	734	159	1169
Stourport Urban	2	91	50	—	5	1	149	36	29	3	268	13	349
Bromsgrove Rural	10	242	44	2	9	16	323	7	52	7	210	38	314
Droitwich Rural	1	67	11	2	5	37	123	3	21	7	183	19	233
Evesham Rural	3	155	27	1	1	6	193	6	57	11	172	28	274
Kidderminster Rural	9	62	17	—	4	4	96	3	8	5	117	9	142
Martley Rural	24	123	12	2	4	4	169	4	37	5	170	50	266
Pershore Rural	3	183	27	3	15	4	235	1	66	14	260	34	375
Tenbury Rural	11	31	5	—	2	—	49	1	1	—	57	8	67
Upton-on-Severn Rural	7	104	16	1	3	4	135	—	45	11	151	37	244
Totals	382	4166	602	42	216	199	5607	292	1287	291	5052	1129	8051

Poliomyelitis Vaccination — Return for year ended 31st December, 1970

District	Completed Primary Courses						Reinforcing Doses						
	Year of Birth						Year of Birth						
	1970	1969	1968	1967	1963-1966	1954-1962	Total	1969	1968	1967	1963-1966	1954-1962	Total
Bewdley Borough	8	93	19	4	10	1	135	2	7	9	102	5	125
Droitwich Borough	—	75	33	4	18	8	138	—	38	5	170	67	280
Evesham Borough	—	115	26	2	7	5	155	1	83	11	145	39	279
Halesowen Borough	85	558b	61	2	22	1	729	41	210d	41	518c	60	870
Kidderminster Borough	40	582	46	4	101	—	773	54	119	51	602	138	964
Stourbridge Borough	118	553	38	8	10	—	727	47	269	49	585	71	1021
Bromsgrove Urban and Rural	103	680	144	7	50	24	1008	14	173	27	637a	210	1061
Malvern Urban	31	242	23	4	23	17	340	4	68	14	326	299	711
Redditch Urban	17	476	37	5	48	13	596	69	147	44	694	148	1102
Stourport Urban	2	92	51	—	10	—	155	34	29	3	325	5	396
Droitwich Rural	1	60	13	2	10	43	129	5	22	5	120	24	176
Evesham Rural	3	157	27	1	19	15	222	6	53	10	193	68	330
Kidderminster Rural	9	61	17	—	5	1	93	3	5	5	115	8	136
Martley Rural	23	120	16	2	15	7	183	4	39	7	140	28	218
Pershore Rural	3	204	26	2	23	13	271	1	59a	13	221a	86	380
Tenbury Rural	10	33	5	—	2	—	50	1	1	—	50	4	56
Upton-on-Severn Rural	6	105	23	1	13	13	161	—	47	6	134	77	264
Totals	459	4206	605	48	386	161	5865	286	1369	300	5077	1337	8369

a. Includes one dose of salk vaccine.
b. Includes three doses of salk vaccine.

c. Includes four doses of salk vaccine.
d. Includes five doses of salk vaccine.

Measles Vaccination

Return for year ended 31st December, 1970

DISTRICT	COMPLETED PRIMARY COURSES						
	YEAR OF BIRTH						Total
	1970	1969	1968	1967	1963-1966	1954-1962	
Bewdley Borough	—	39	32	17	28	1	117
Droitwich Borough	—	35	31	14	48	—	128
Evesham Borough	2	69	40	28	51	2	192
Halesowen Borough	3	178	126	72	202	4	585
Kidderminster Borough ..	4	217	125	63	187	18	614
Stourbridge Borough	1	223	142	81	268	15	730
Bromsgrove Urban	5	182	198	84	225	15	709
Malvern Urban	1	136	145	76	237	8	603
Redditch Urban	—	251	138	124	263	21	797
Stourport Urban	—	37	53	21	57	3	171
Bromsgrove Rural	1	102	97	73	157	13	443
Droitwich Rural	1	36	40	24	80	6	187
Evesham Rural	—	67	48	23	88	4	230
Kidderminster Rural	—	29	28	12	36	4	109
Martley Rural	—	22	29	27	90	3	171
Pershore Rural	3	114	95	29	100	2	343
Tenbury Rural	—	10	12	11	45	2	80
Upton-on-Severn Rural ..	1	52	36	24	72	9	194
Totals	22	1799	1415	803	2234	130	6403

Rubella Vaccinations — Year ended 31st December, 1970

District	General Practitioners	Clinic	Total
Bewdley Borough	3	—	3
Droitwich Borough	—	43	43
Evesham Borough	—	53	53
Halesowen Borough	6	420	426
Kidderminster Borough	3	—	3
Stourbridge Borough	4	202	206
Bromsgrove Urban and Rural ..	9	280	289
Malvern Urban	83	50	133
Redditch Urban	6	196	202
Stourport Urban	1	—	1
Droitwich Rural	—	25	25
Evesham Rural	—	66	66
Kidderminster Rural	—	—	—
Martley Rural	1	35	36
Pershore Rural	—	87	87
Tenbury Rural	—	—	—
Upton-on-Severn Rural	1	32	33
Totals	117	1489	1606

Whooping Cough Immunisation
Return for year ended 31st December, 1970

District	Completed Primary Courses						
	Year of Birth						Total
	1970	1969	1968	1967	1963-1966	1954-1962	
Bewdley Borough	8	90	19	4	3	—	124
Droitwich Borough	1	81	34	3	5	1	125
Evesham Borough	—	102	18	2	—	—	122
Halesowen Borough	85	524	56	1	7	1	674
Kidderminster Borough ..	38	562	47	2	7	—	656
Stourbridge Borough	116	576	32	5	5	—	734
Bromsgrove Urban	6	338	79	3	7	3	436
Malvern Urban	38	236	19	1	4	—	298
Redditch Urban	19	479	56	5	8	—	567
Stourport Urban	2	89	49	—	—	—	140
Bromsgrove Rural	10	216	39	2	2	—	269
Droitwich Rural	1	63	9	2	1	1	77
Evesham Rural	3	138	25	—	1	1	168
Kidderminster Rural	9	61	17	—	4	—	91
Martley Rural	24	121	12	2	—	—	159
Pershore Rural	3	179	26	3	6	2	219
Tenbury Rural	11	31	4	—	—	—	46
Upton-on-Severn Rural ..	7	104	16	1	1	—	129
Totals	381	3990	557	36	61	9	5034

B.C.G. Vaccination

The results of the 1970 programme and corresponding figures for previous years are given in the following table :

	1970	1969	1968	1967	1966
No. of invitations issued ..	6908	6292	5959	6270	6441
No. of consents received ..	6314(91.4%)	5696(90.5%)	5477(91.9%)	5715(91.1%)	5811(90.2%)
No. of persons tested ..	5890	5264	5056	5315	5338
No. of positive reactors ..	446(7.6%)	360(6.8%)	509(10.1%)	610(11.5%)	589(11.0%)
No. of negative reactors given B.C.G.	4960	4590	4273	4480	4407

The figures for 1970 exclude those children known to have received B.C.G. vaccination already.

Notification of Infectious Diseases

County District	Acute Encephalitis		Acute Meningitis	Acute Poliomyelitis		Anthrax	Cholera	Diphtheria	Dysentery	Infective Jaundice	Leprosy	Leptospirosis	Malaria	Measles	Ophthalmia Neonatorum	Plague	Relapsing Fever	Scarlet Fever	Smallpox	Tetanus	Tuber- culosis		Typhoid	Typhus	Whooping Cough	Yellow Fever	Food Poisoning	Totals	
	Infective	Post-infectious		Paralytic	Non-paralytic																Respiratory	Other							
Urban																													
Bewdley Borough	..									3				69				1											76
Bromsgrove	..								3	12				272				2									3	332	
Droitwich Borough	..								1	2				96				3									2	104	
Evesham Borough	..													112												1	1	114	
Halesowen Borough	..									4				195				24								4	4	240	
Kidderminster Borough	..								1	97				415				12										530	
Malvern	..									3				100				12										150	
Redditch	..								1	4				29				9								4	4	76	
Stourbridge Borough	..									49				184				3								2	2	260	
Stourport-on-Severn	..									1				257				10										281	
Total Urban Districts	..		2						6	175				1729				76			45	5	1		108		16	2163	
Rural																													
Bromsgrove	..		2						1	5				115															131
Droitwich	..													74				2									3	3	85
Evesham	..									10				154													1	1	166
Kidderminster	..													42				2											44
Martley	..		1							3				96				2									1	1	119
Pershore	..		2							6				104				1									3	3	117
Tenbury	..									1				5															6
Upton-on-Severn	..													93				1											97
Total Rural Districts	..		5		1				1	25				683				8			10	3			11		8	755	
Administrative County	..		7		1				7	200				2412				84			55	8	1		119		24	2918	
Administrative County 1969	—		2						71	178			1	736				105			57	13		24		24	1211		

Venereal Diseases — Statistical Table

The following information has been supplied by the hospitals at which the patients attended :

Treatment Centre				Number of new Worcestershire cases in year			
				Syphilis	Gon.	Other conditions	Total
Worcester	..	..	..	1	52	255	308
Birmingham	..	..	..	1	61	179	241
Dudley	..	..	..	2	21	86	109
Totals	1970	..		4	134	520	658
	1969	..		8	124	450	582
	1968	..		5	100	443	548
	1967	..		5	81	368	454
	1966	..		9	90	364	463
	1965	..		23	102	374	499
	1964	..		9	94	391	494
	1963	..		10	64	311	385
	1962	..		12	44	284	340
	1961	..		14	64	283	361
	1960	..		11	57	196	264
	1959	..		13	27	250	290
	1958	..		18	37	165	220
	1957	..		17	34	190	241
	1956	..		16	33	230	279
	1955	..		16	31	191	238
	1954	..		34	29	247	310
	1953	..		46	61	285	392
	1952	..		53	78	271	402
	1951	..		54	44	259	357
	1950	..		42	52	279	373
	1949	..		68	98	311	477

PART VIII

AMBULANCE SERVICE

SECTION 27

NATIONAL HEALTH SERVICE ACT, 1946

Ambulance Service

The year has again proved to be a most active one for the ambulance service. Taking the service as a whole, 165,522 patients were conveyed by ambulance, hospital and hire cars, against 166,274 patients during 1969, a decrease of 752. The road miles covered were 1,316,890 as against 1,281,828 during 1969, an increase of 35,062.

Ambulance Use

Under Section 27 of the National Health Service Act the number of persons carried during the year was 127,210 (this does not include patients carried for a four-week period due to industrial dispute where no records were kept of patients moved), as against 134,631 during 1969, a decrease of 7,421. Hospitals were very co-operative during this period and only booked transport for special treatments and it is estimated that 4,600 patients were conveyed, as against a normal figure of around 8,000 patients. The increase in the average number of miles per patient was mainly due to :

- (a) The centralisation of specialist hospital services.
- (b) Early discharges from short term hospitalisation and out-patient surgeries.
- (c) The reduction of railway facilities.

Hospital and Hire Car Services

In the case of the hospital car service 37,595 patients were carried as against 30,086 during 1969, an increase of 7,509 and the road miles covered were 421,965 as against 370,925 during 1969, an increase of 51,040.

In the case of the hire cars 717 patients were carried as against 1,557 during 1969, a decrease of 840, and the road miles covered were 6,583 as against 15,516 during 1969, a reduction of 8,933.

We are most grateful to all the drivers who have rallied around so magnificently in order to maintain an efficient service, for it is indeed a most useful auxiliary to the ambulance service. The number of drivers remains fairly constant.

Worcester City and District Voluntary Ambulance Service

The Service is operated by the Worcester City and District Voluntary Committee on behalf of both the City and County Local Health Authorities. The County Ambulance Officer, who is also the Ambulance Officer for the Voluntary Committee, reports that during the year 2,555 County cases were conveyed covering a total of 38,665 miles compared with 2,861 cases and 42,912 miles in 1969.

Close liaison and co-operation has been maintained between the voluntary committee and the county ambulance control to eliminate wasted mileage and journeys.

We are grateful for all the assistance that has been so freely given by the volunteers from both the St. John Ambulance Brigade and the British Red Cross Society who attend at the ambulance station, Worcester.

The position regarding volunteers in the County areas remains the same as last year in that very few are undertaking duties. It has also been difficult to arrange escorts for patients travelling by rail; in many instances we have had to call upon control staff to carry out this function on their days off and their willing co-operation is appreciated.

New Ambulances

The Committee again decided to purchase the Wadham's conversion on the Ford 25 cwt. Customs Van — eight were ordered.

Ambulance Training

National Health Service Instructors' Courses.

Mr. F. Ballard, Training Officer, and Mr. F. Cardy, Liaison Officer, attended two-week courses at the Ambulance Training School, Cheshire, and re-qualified as instructors in ambulance aid.

4-day Courses on man management, communications, records and personnel training arranged by the Provincial Council of Local Authorities in the South West at Weston-Super-Mare, was attended by Mr. D. Bramford, Controller.

Local Training of Ambulance Staffs

Ambulance staff attended a one-day Course at Bromsgrove between January and April 1970 and received training in ambulance aid, priorities, resuscitation procedures and use of specialised equipment. This was followed by all personnel attending a 3-day course, which commenced in October, held weekly at Pershore, at which they received training on ambulance control procedures, driving, anatomy, new procedures for treating fractures and lifting patients, administration, use of new equipment and assessment of blood loss at the scene of an accident.

Courses — Birmingham Ambulance Training School

- 13 personnel attended a two-week course.
- 14 personnel attended a six-week course.

Hampshire Ambulance Training School

The Ambulance Training Officer attended this school as an instructor on an officers' training course for a two-week period.

First Aid

Courses of advanced first aid were arranged at Bromsgrove, Kidderminster and Worcester, where evening classes on these subjects were given.

Full first aid courses were given to members of the County Council Highways Dept. An induction class, one day courses for the West Midland Local Authorities Services, Manual Workers, were given at Bromsgrove. Numerous courses in first aid have also been given to other organisations, including a course at the Birmingham Medical School. Lifting and handling patients, and priorities at the scene of an accident was a subject given to every new course of student nurses at the Worcester School of Nursing, and also to the porters of Kidderminster General Hospital. Regular talks have been given to schools and other organisations on the functions of the ambulance service.

Ambulance Service

Vehicles and Driver Attendants

Employed at 31st December, 1970

Ambulance Station	Number of Ambulances	Driver/Attendants	
		Whole-time	Part-time
Bromsgrove	6	16	—
Control (H.Q.)	3	6†*	—
Evesham	6	16	—
Halesowen	6	16	—
Kidderminster	7	15	—
Malvern	6	15	—
Pershore	2	3	1
Redditch	6	16	—
Stourbridge	6	16	—
Tenbury	1	—	2
Wythall	1	—	Agency
Total	50	119	3

Tenbury: During the hours between 8 a.m. and 5.30 p.m. Mondays to Fridays and 8 a.m.—12.30 p.m. on Saturday, the Ambulance Service is operated on an agency basis.

The part-time men taking over at nights and weekends.

†Including one relief deputy supervisor.

*Including County Relief Driver Attendants.

Additional vehicles— One major disaster equipment vehicle.

One major disaster control vehicle.

Stationed at Kidderminster and Bromsgrove respectively.

Ambulance Service
Cases Conveyed and Mileage Covered by Ambulance, Hospital and Hire Cars

		A. Ambulance				B. Hospital Cars				C. Hire Cars			
		Cases		Miles		Cases		Miles		Cases		Miles	
Month		1969	1970	1969	1970	1969	1970	1969	1970	1969	1970	1969	1970
January .. ..	..	11773	11782	74830	83284	3078	1838	39679	23360	343	71	2831	648
February .. ..	..	9919	10975	62574	75632	2702	2049	33366	22918	185	78	2282	646
March .. ..	..	11148	10996	72900	74346	3361	2112	36293	24939	153	87	2212	865
April .. ..	..	11105	12090	74468	82663	2730	2240	32749	26858	101	66	955	436
May .. ..	..	11571	11493	74031	80385	2405	2285	30681	26737	152	89	1439	700
June .. ..	..	11640	12663	74418	82670	2176	2572	28613	31914	159	58	1691	688
July .. ..	..	12164	12478	81293	83988	2600	2493	32614	30862	98	49	966	513
August .. ..	..	10308	11122	72466	75657	2145	2216	27255	30123	71	41	687	424
September .. ..	..	10694	11747	73938	78318	2109	3356	28248	40443	90	26	892	329
October .. ..	..	12182	5109	81242	54141	2418	6255	28944	59643	74	53	563	583
November .. ..	..	11135	7231	74685	54125	2197	5445	26416	53615	78	49	556	295
December .. ..	..	10992	9524	78542	63133	2165	4734	26067	50553	53	50	442	456
Total .. ..	..	134631	127210	895387	888342	30086	37595	370925	421965	1557	717	15516	6583

PART IX

PREVENTION OF ILLNESS,
CARE AND AFTER-CARE

SECTION 28

NATIONAL HEALTH SERVICE ACT, 1946

Health Education

Report by Mr. J. N. Pitts, M.R.S.H., M.A.P.H.I., Dip.H.Ed. (Lond.), Health Education Officer.

Staff and Training

The staff of the health education section remained unchanged. The establishment comprises three full-time health education officers, 1 part-time clerk and 1 part-time projectionist.

The health education officer attended a five-day course at Cambridge conducted by the Health Education Council. Miss Mee attended a five-day course on "Teaching of Parentcraft and Relaxation" and Miss Cartwright commenced a part-time course on "Educational Technology" at Bromsgrove College of Further Education.

Four health education study sessions for health visiting and nursing staff were held at Morton House. A two-day in-service training course on "Weight Control" was held in connection with the visit of the Health Education Council's Mobile Unit to the Three Counties Show.

Equipment

A third 16 m.m. sound projector and an 8 m.m. loop projector and cabinet was purchased.

The film and filmstrip library has been extended. Two new films and two replacement copies of films already in the library were obtained.

Activities

The recorded health education talks, discussions etc. during 1970 totalled 1,646, detailed as follows :

	Schools	Clinic Parentcraft Classes	Other Groups
By Health Education Section ..	325	30	211
By District Health Visiting and Nursing Staff	143	833	104
	<hr/> 468	<hr/> 863	<hr/> 315

The supply of speakers on health subjects to meetings of voluntary organisations is a service for which the section has become increasingly well known. Home safety was the most frequent and least emotive topic. Cancer education has received some attention and by the end of the year, more requests for speakers were being received.

Other subjects presented to these groups, almost all of which are women's organisations, were — health services, sex education, child development, first aid, drugs, weight control, venereal disease and family planning.

Venereal Disease

A lecturing service has been established and has been widely used by youth clubs and College of Further Education. Close co-operation exists with the County Youth Service and Youth Leaders have been most enthusiastic in the display and distribution of posters and leaflets.

Exhibitions

The Health Education Council offered the use of its mobile unit at the Three Counties Show at Malvern. The subject on display was "Weight Control". The unit was manned by health department staff who had previously attended a two-day training course and their expertise and the attractiveness of the unit, with its closed circuit television, provided a record number of visitors over the three-day period. The mobile unit of the General Dental Council, manned by the Chief Dental Officer and his staff, were similarly popular.

Display units were established and staffed at Home Safety Exhibitions at Bromsgrove and Redditch.

Chiropody Service

Report by Mr. H. D. Price, M.Ch.S., S.R.Ch., Chief Chiropodist

The number of treatments given under the directly provided County Service has increased from 2,121 in 1960 (nine months) to 21,218 in 1970. The total number of cases referred since the start of the scheme is 9,173.

During 1970 the service was being given at 15 clinics or hired premises throughout the County and in private surgeries in five areas.

The number of new cases referred during the year was 1,257 of which for one reason or another, 106 did not accept the appointment; there were 180 cases on the waiting list at the end of the year.

The number of persons who received treatment was 4,810.

Of the 21,218 treatments given during the year, 10,904 were at clinics, 5,964 at home and 4,350 at chiropodists' own surgeries. The number of treatments in 1969 was 20,478.

The voluntary organisations to which grants are made — the British Red Cross and the W.R.V.S. — together provide a service giving about 1,200 treatments per annum.

In June we were able to commence the appliance laboratory at the Westhill Clinic, Stourbridge. This is a pilot scheme for the production of prostheses and the aim is to provide a more efficient service for patients and in selected cases to control certain chronic conditions and thereby to give permanency to treatment. By this method it is hoped to reduce the waiting list of patients requiring treatment.

An additional full-time chiropodist, Mrs. R. Scott, was appointed in June, but this was not a complete gain since the services of one sessional chiropodist were lost.

An endeavour has been made to extend the service to some of the more remote areas of the County but looking to the future, it may be that a mobile clinic would prove more efficient in serving outlying areas.

In December a meeting was arranged which took the form of a combined film show, lecture and practical demonstration with the emphasis on the importance of foot health education for all age groups. The importance of maintaining foot health in the pre-teenager was stressed since much foot trouble is started in early years and can become chronic in later life. Foot health education is very important, particularly for the elderly since the complications of age and circulatory deficiency can create hazards. The meeting was very well attended by geriatric health visitors, district nurses, occupational therapists, county physiotherapists and chiropodists and I would like to thank all who helped to make this such a successful occasion and in particular Mr. Pitts, Health Education Officer.

Convalescence

During the year a total of 267 patients supported by a medical certificate were referred for periods of convalescence. Of this number 138 were eligible under the approved assessment scheme and proceeded on convalescence to various seaside homes and a few to local homes, the average stay for each being two weeks. The financial circumstances of some of the remaining 129 cases was such that they could not be accepted, but it was possible in many instances to assist with arrangements for private convalescence and with a number of societies who have convalescent schemes. Other cases were either withdrawn or were found to be unsuitable.

Transport to proceed on convalescence was arranged when it was recommended.

Ground floor accommodation in convalescent homes is still in short supply and in some cases patients had long waiting periods before being placed.

Medical Comforts

During the past year distribution of medical loan equipment by the British Red Cross Society and the St. John Ambulance Brigade has again been efficiently carried out from their various depots throughout the County.

This service eases the work performed by the Health Department and allows the latter to concentrate on the more specialised equipment where the demand continues to increase each year,

Occupational Therapy

The emphasis this year has been increasingly on assessing for and providing aids to daily living, and the training and encouragement of the disabled person to play as normal a life as possible. This has resulted in an increased turnover of patients.

Miss Young attended the International Seminar of the British Council for Rehabilitation of the Disabled in June, and found it, especially the exhibition, very useful.

In April, Mrs. Hall left the staff and was replaced by Mrs. Brown. Mrs. O'Neill joined the staff in October, and in December Miss Young left to work for Worcester City.

During the year, 229 patients have received 1,861 visits.

Tuberculosis

Report by Dr. R. C. Cronin, Chief Physician to the Birmingham Regional Hospital Board and Senior Tuberculosis Officer to the Local Health Authority.

Once again the Tables show little change in the notification and mortality rates for tuberculosis during 1970. It will be seen that these figures have been fluctuating for the last five years and although at a low level, they have not continued the steady fall shown in previous years.

However, the newer anti-tuberculous drugs mentioned in last year's report continue to give satisfactory results, and will undoubtedly help in the general attack upon tuberculosis. It can be hoped with confidence that there will be a further steady decline in future years.

Table 1
Tuberculosis Rates/1,000 Population

Years	Notifications	Deaths
1920—24	1.52	0.92
1925—29	1.44	0.80
1930—34	1.46	0.78
1935—39	1.23	0.63
1940—44	0.96	0.55
1945—49	0.85	0.48
1950—54	0.87	0.23
1955—59	0.58	0.10
1960—64	0.31	0.05
1965	0.23	0.02
1966	0.15	0.03
1967	0.16	0.05
1968	0.14	0.04
1969	0.16	0.02
1970	0.14	0.02

Table II
Notification and Death Rates in Districts 1970

Population	District	Notification rate per 1,000 population	Death Rate per 1,000 population	Total Cases notified	Total Deaths
6,410	Bewdley Borough	—	—	0	0
39,870	Bromsgrove Urban .. ..	.15	—	6	0
11,650	Droitwich Borough	—	.09	0	1
13,190	Evesham Borough	—	—	0	0
52,320	Halesowen Borough .. ..	.15	—	8	0
47,000	Kidderminster Borough .. ..	.08	.02	4	1
29,950	Malvern Urban .. ..	.03	—	1	0
40,010	Redditch Urban .. ..	.17	—	7	0
52,710	Stourbridge Borough .. ..	.38	—	20	0
16,410	Stourport-on-Severn Urban .. ..	.18	.06	3	1
37,450	Bromsgrove Rural .. ..	.08	.03	3	1
15,960	Droitwich Rural .. ..	.31	—	5	0
19,050	Evesham Rural .. ..	.05	.05	1	1
12,550	Kidderminster Rural	—	.08	0	1
13,630	Martley Rural .. ..	.15	—	2	0
21,310	Pershore Rural	—	.05	0	1
5,450	Tenbury Rural	—	—	0	0
15,240	Upton-on-Severn Rural .. ..	.20	—	3	0
449,660	Whole County .. ..	.14	.02	63	7

PART X

HOME HELP SERVICE

SECTION 29

NATIONAL HEALTH SERVICE ACT, 1946

Home Help Service

Report by Miss D. M. Mercer, County Organiser.

From the figures shown it will be noticed that the home help service continues to increase with 245 more households assisted than in 1969. This development is in the number of patients over the age of 65 years requiring assistance, with a slight fall in maternity cases. The remaining categories show little change.

It is interesting to note that 66% of those assisted did not pay for service, 15% paid the full charge whilst the remaining 19% paid at a reduced rate, proving that the service is reaching those who are most in need from the financial point of view.

The Good Neighbour service, which started on 1st January 1970, has developed slowly with 27 neighbours being employed during the year. This service is intended to assist in the more rural areas where it is difficult to recruit home helps but a neighbour is willing to care for a patient who would otherwise have little or no help. It is also useful in assisting in the care of patients who, whilst urgently in need of help, strongly resent strangers and refuse the services of a home help but will accept a neighbour who knows and understands them. It is anticipated that this service will increase and give strong supportive assistance to the home help service. Therefore, whilst the number of home helps employed shows no increase, the addition of the good neighbours reflects the overall growth.

The medical profession referred 61% of the total requests for assistance, 31.4% came through direct contact to the organiser by a relative or friend and the remaining 7.6% were referred by Welfare Officers, Children's Officers and Department of Health and Social Security.

A course of in-service training was held at Evesham and was attended by 14 home helps. It consisted of lectures, films and practical demonstrations by members of the health department and other related services with the object of emphasising the importance of the role of the home help in community care. The mode of transport used by home helps continues to be varied by the use of public transport, bicycle, auto cycle (both County owned and owner driver) and car owners. The poor standard of public transport in the rural areas makes the use of other forms of travel essential to maintain the service.

The annual weekend school held by the Institute of Home Help Organisers took place in Malvern and was supported by a total of 250 organisers from all over the country. The County Organiser, Relief Organiser and two Area Organisers attended and found the lectures and discussions most instructive. One area organiser was successful in passing the Social Services part of the Institute's examination, thereby completing the full course.

Number of households receiving assistance on 1.1.70 (b/f from 1969)	..	2146
Number of new applicants assisted during 1970	..	1145
		<hr/>
		3291

Number of applications received	..	1587
Number who cancelled their application	..	405
Advanced bookings carried forward to 1971 (not assisted during 1970)	..	37

Analysis of households assisted

Over 65 years of age	..	2751
Maternity	..	104
Chronic Sick	..	212
Mentally Disordered	..	15
Others (includes temporary illness, post hospital, etc.)	..	209
		<hr/>
		3291
		<hr/>
Average number of households assisted each week	..	1959

Analysis of charges for service

Paying full cost	..	492
Paying at reduced rate	..	620
Free service	..	2179
		<hr/>
		3291

Number of households receiving assistance at 31.12.70	..	2297
Total number of home helps employed during year	..	636
Total number of good neighbours employed during year	..	27
Number of home helps on register at 31.12.70	..	438
Number of good neighbours on register at 31.12.70	..	22

Applications for assistance referred by:							
Family Doctor	..	..	..	..	..	..	305
D.N./Midwife	..	..	..	..	..	..	111
Health Visitor	..	..	..	..	..	..	337
Welfare Officer	..	..	..	..	..	..	85
Ministry of Social Security	..	..	..	..	..	..	25
Medical Social Worker (Hospital)	..	..	..	..	..	..	217
Children's Officer	..	..	..	..	..	..	10
Others (<i>i.e.</i> friend, self, etc.)	..	..	..	..	..	..	497
							<hr/>
							1587
							<hr/>

Number of home visits made by Area Organisers, Assistants and Relief: 12,121

PART XI

MENTAL HEALTH SERVICE

Mental Health Service

Report by Mr. W. Phillips, LL.B., Mental Health Administrative Officer.

1. *Administration*

(a) *Committee*

The County Council's powers in relation to mental health remain delegated to the Mental Health Sub-Committee. The Medical Superintendent of the hospitals for the mentally disordered in Worcestershire continue to attend the meetings of the sub-committee in an advisory capacity. Mr. A. E. Johnson continued to act as Chairman of the sub-committee during 1970.

(b) *Transfer of Responsibility*

In 1971 responsibility for most of the sub-committee's functions will be transferred to the Social Service Committee on the formation of the new Social Services Department. In addition, responsibility for junior training centres will be transferred to the Education Committee on 1st April 1971. The sub-committee will therefore cease to exist on that date.

(c) *Co-ordination with the Regional Hospital Board*

There is close co-operation between the Council's officers and the Birmingham Regional Hospital Board and its officers. Patients on leave from hospital are visited and supervised by the Council's officers on behalf of the various Hospital Management Committees. There is close contact between the officers and the medical and social work staff of the local psychiatric hospitals and regular weekly meetings are held at the hospitals at which officers attend. The Council's officers take an increasingly larger share in the social work necessary consequent on the discharge of patients from hospitals.

Consultant staff from Lea and Lea Castle Hospitals continue to hold a clinic one morning per month in the Council's clinic in Infirmary Walk, Worcester, to see mentally handicapped persons and their parents by appointment. The clinic has continued monthly since November 1964, and has proved to be both successful and very helpful. Psychiatric clinics continue to be held regularly at all the major centres of population.

2. *Staff*

(a) *General*

The staff of the service consists of an administrative mental health officer, one administrative assistant, five area mental welfare officers and fourteen mental welfare officers. There were three vacant posts for mental welfare officers at the end of the year. There are thirty-eight teachers employed in the training centres together with an Organiser. Five nursery assistants are in post. The Elms Hostel, Kidderminster, has thirty-three junior severely mentally handicapped residents and the staff consists of one superintendent, one matron, one assistant matron, six general assistants and two trainee general assistants.

(b) *Training*

Staff are released from duty to attend at appropriate training courses and conferences whenever possible. One mental welfare officer is at present on course. One trainee mental welfare officer completed his two year course in July and took up post as a mental welfare officer in the Halesowen district.

The medical superintendents of the psychiatric hospitals in the County continue to help with the training of mental welfare officers. The regular weekly meetings and clinical demonstrations at the hospitals continue and the Council's staff have the benefit of attending appropriate training courses held for the hospital staff. This system of training is very satisfactory and I should like to express my grateful thanks to the medical superintendents and their staffs. So far as training centre staff are concerned, the Council encourages all trainees to apply for appropriate diploma courses and continue to send staff away each year. In 1970 three members of training centre staff successfully completed one year courses. In addition, there are four members of staff in attendance at one year courses.

3. *Community Work*

The emphasis now is on work within the community and officers found this work greatly expanded. Details are given under the various headings.

4. *Care of the Mentally Ill*

(a) *Admissions*

In 1970 there were 1,183 admissions to psychiatric hospitals in the County, 998 of these were admitted informally and 185 were detained for observation and treatment under the appropriate section of the Mental Health Act, 1959. The number of admissions is more than in the preceding year (1,096), informal admissions comprising approximately 84% of all admissions. Discharges totalled 1,115 whilst 110 deaths occurred at the hospitals.

(b) *Care and After-Care*

After-care in connection with mental illness is carried out by all the mental welfare officers. The volume of the work has continued and the social aspect of the officers' work now far overshadows their statutory duty. The officers aim to provide a continuity of service by association with persons concerned before admission to hospital, during treatment and after discharge. An indication of the volume of work is given in the following table:

<i>Referrals</i>	1970	1969
All sources	1,540	1,641
<i>Client-interviews</i>		
After-care of mentally ill	10,975	9,955

Since 1959, when integration of the mental welfare officers and social work staff of the hospitals was first mooted, great strides have been made in providing a continuity of service for those who are mentally ill. The system is kept constantly under review so as to achieve greater efficiency and a greater benefit to the client.

5. *Care of Severely Mentally Handicapped*

(a) *Community and Hospital Care*

Severely mentally handicapped children continue to be reported through the usual methods of notification. Seventy-six new cases were reported during 1970, of these fifty-seven were reported under the provisions of the Education Act, 1944, and nineteen from other sources. All the seventy-six cases were placed under supervision. Four persons on the waiting list were admitted to hospital.

534 Worcestershire persons were in hospital throughout the country at the end of the year. On the waiting list for admission at the end of the year were thirty-two persons of whom five were regarded as urgent. Six persons were discharged from hospital and six deaths took place during the year.

Applications for admission for temporary periods were again received and twenty-one persons were received into hospital so that parents and relatives could have a holiday or a respite from caring for them. Dr. Simon has again been most helpful in providing accommodation at Lea and Lea Castle Hospitals, quite often at very short notice. A hostel has been established at Lea Castle Hospital for those adults who are in daily employment outside the Hospital and who are considered capable of such care. At the end of the year there were two persons at this hostel. Twenty-five children were provided with short term care at The Elms Hostel.

Permanent admission to hospitals of severely mentally handicapped persons are for the most part, carried out informally.

(b) *Guardianship and Supervision*

There was one person under guardianship at the end of the year, who was visited by both medical and lay staff as required. The number of severely mentally handicapped persons under supervision at the end of the year was 818. Cases continue to be reviewed and whenever the circumstances permit are deleted from the supervision lists. During 1970, thirteen such cases were deleted from the list whilst four persons died. The mental welfare officers, both male and female, and the health visitors, continued to visit the severely mentally handicapped in the community (supervision, guardianship and leave of absence). The male officers supervise the male severely mentally handicapped, the female officers supervise the females over the age of five years and the health visitors supervise all severely mentally handicapped under the age of five years. 2,508 visits were made to families with severely mentally handicapped members.

(c) *Voluntary Associations*

The various voluntary welfare committees continue to work with the appropriate training centre in their locality. An annual grant is made to the Halesowen Society for Mentally Handicapped Children to help with their work carried out at Halas House, Halesowen.

(d) *Training and Training Centres*

At the end of 1970, 406 severely mentally handicapped children and adults were receiving training. Twenty-seven Worcester City cases and one from Herefordshire were in attendance at the Worcester Junior Training Centre. One child from Worcester City attended during the year at Kidderminster Junior Training Centre when resident at The Elms Hostel. Six children (including one Radnorshire child) attended daily at the Kidderminster Junior Training Centre from Lea Castle Hospital.

Children at all the Training Centres have been given outings to Pantomimes by their respective voluntary welfare committees whilst services and Christmas parties were also held at the centres.

The Special Care Units established at Lea Hospital and Lea Castle Hospital accept daily those children who are either too young or too untrained to be coped with at one of the Authority's Training Centres. At the end of the year there were thirty-four children attending daily, mainly from the Redditch, Bromsgrove and Stourbridge areas, transport being provided by the Authority by means of hired vehicles.

Daily transport to all Training Centres is provided by contract arrangements with local firms.

A variety of contract outwork is being undertaken at the Netherend, Kidderminster and Redditch Adult Training Centres.

(e) *The Elms Hostel*

There were thirty-two children in residence at the end of the year. One child from Worcester City was also in residence. All children attend the Kidderminster Junior Training Centre and children are admitted as the need arises. The children resident at the Hostel have been accepted by the local community and the Hostel has received many generous gifts of equipment etc. The Sunshine Coach (minibus) presented by the Variety Club of Great Britain has been put to good use during the year, enabling the children to go for outings, picnics, pantomime trips, etc.

PART XII

ENVIRONMENTAL HEALTH

Environmental Health Services

by

R. Colenso, M.R.S.H., F.I.P.H.E., F.A.P.H.I.

County Public Health Inspector

Milk and Dairies Administration

During 1970 the number of dairy farms fell to below 700 (698) and the number of producer retailers to 17. Towards the end of the year milk sampling at the farms had to be restricted a little, due to the continued spread of fowl pest in the County.

Dairy Farming Statistics (as at December 31st, 1970)

Cows	10 and under	11- 20	21- 30	31- 40	41- 50	51- 60	61- 70	71- 80	81- 90	91- 100	101- 110	111- 120	121- 150	151 and over	Total	%
Total	47	115	138	125	91	61	48	32	11	14	4	2	7	3	698	
%	6.8	16.5	20.0	18.0	13.0	8.6	6.9	3.9	1.5	2.5	0.6	0.3	1.0	0.4		100.0

One hundred and sixteen samples of milk being sold by producer-retailers were tested. Ten failed to pass the methylene blue test (Previous years failures had been 1969—23, 1968—17, 1967—18, 1966—23, 1965—13). The Ministry was informed in each case. Only 355 gallons of raw milk is now being retailed per day.

Forty new licences to retail milk (pre-packed) were issued under the Milk (Special Designation) Regulations. (All licences had to be renewed for the next five years at the end of 1970 and 252 licences were issued).

Pasteurised Milk (Samples)

Place of Collection	No. taken	Phosphatase Test		Methylene Blue Test		
		Pass	Fail	Pass	Fail	Void
Schools	192	189	3	156	9	27
Children's Homes	12	12	—	11	—	1
Old People's Homes ..	3	3	—	3	—	—
Training Centres	2	2	—	2	—	—
Hospitals	7	7	—	5	1	1
Kitchens (School)	18	18	—	14	1	3
Vending Machines, Shops and Roundsmen	509	509	—	509	—	—
Totals ..	743	740	3	700	11	32

Sterilised Milk

All 29 samples of sterilised milks passed the statutory turbidity test.

Ultra Heat Treated Milk

9 samples were taken and passed the appropriate test.

Milk-in-Schools Scheme

The number of schools supplied with pasteurised milk under the scheme was as follows:

L.E.A. 261 Private 40

Milk-in-Schools Statistics

(a) Maintained Schools	September, 1969			September, 1970		
	Children Present	Children Taking Milk	% Eligible Taking Milk	Children Present	Children Taking Milk	% Eligible Taking Milk
Primary Schools ..	37,231	33,547	90.11	38,735	34,742	89.69
Middle Schools ..	1,026	555	69.64*	2,414	904	84.72
Day Special Schools ..	301	284	94.35	332	307	92.47
Nursery Schools ..	30	30	100	35	35	100
Total ..	38,588	34,416	89.19*	41,516	35,988	86.68*
(b) Non-Maintained Schools (40) ..	3,816	3,136	82.18*	2,999	2,698	89.96*

*Only Children of primary school age served with milk.

Myco Tuberculosis

193 samples of milk were injected into guinea pigs. Subsequent biological examination gave negative results for myco tuberculosis. The Ministry of Agriculture inspected 31,328 animals in the County in 1970. In this number there were two reactors, neither of which showed lesions.

Rickettsia (Q Fever)

District				No. positive for Q Fever	No. negative	% positive for Q Fever
Malvern U.D.	..	..	..	1	5	17
Martley R.D.	..	..	..	0	5	0
Droitwich R.D.	..	..	..	1	21	4
Redditch U.D.	..	..	..	3	6	33
Bromsgrove R.D.	..	..	..	0	13	0
Upton-on-Severn R.D.	..	..	..	4	3	57
Evesham R.D.	..	..	..	1	3	25
Tenbury R.D.	..	..	..	3	7	30
Pershore R.D.	..	..	..	2	3	40
Stourport U.D.	..	..	..	0	2	0
Totals				15	79	approx 16

Brucella Abortus

In 1970, 850 samples of milk were examined for the presence of brucellosis. Samples are subjected to a milk ring test and if found positive were injected into guinea pigs for biological examination. On a positive report farmers are offered help in ascertaining which are the infected animals, on the understanding that they will send them for slaughter when it is economically reasonable to do so.

For some time it had been thought that economic factors might be causing some farmers, who suspected certain animals to be infected, to sell these animals on the open market and so spread the disease. Under the Agriculture Act 1970 it became an offence to sell known infected animals in this way. The number of positive samples and herds continues to rise.

The following table shows the position on biological examination for each of the last 10 years.

Year	No. of samples examined	No. of Herds	No. samples negative	No. samples positive	No. of Herds infected	Void Report
1961 ..	313	—	306	7(2.2%)	—	—
1962 ..	169	—	168	1(0.59%)	—	—
1963 ..	380	—	363	17(4.5%)	—	—
1964 ..	448	—	424	11(2.5%)	—	13
1965 ..	517	—	470	27(5.22%)	—	20
1966 ..	563	—	534	25(4.77%)	—	4
1967 ..	799	—	762	34(4.25%)	—	3
1968 ..	761	397	724	37(4.99%)	—	—
1969 ..	756	545	704	52(6.88%)	41	1
1970 ..	850	686	708	101(12.48%)	88	41

By December, 1970 under the Ministry of Agriculture's schemes for the elimination of brucellosis there were 161 herds participating. Of this total there were 88 (61 dairy and 27 beef herds) which were fully accredited. (19 Accredited Herds Scheme and 69 Incentive Scheme). The total number of animals in both schemes was 8,476. Thirty-five reactors out of 24 herds were slaughtered. Any reactors found during the trial period prior to acceptance into the schemes are required to be slaughtered, 6,832 calves were vaccinated with S.19 during the year.

Diseases of Animals

During the year certain functions under the Diseases of Animals Act were transferred from the control of the West Mercia Police Force to the County Council.

The Divisional Veterinary Officer had also reported that five cases of anthrax were confirmed and there were 25 positive reports of an outbreak of fowl pest.

<i>Antibiotics in Milk</i>	<i>No. samples</i>	<i>Number of Positive Samples</i>	
		<i>above 0.05 Int U/ml</i>	<i>0.05 Int U/ml or below</i>
1963	62	—	6
1964	423	—	15
1965	294	—	7
1966	194	0	0
1967	293	0	0
1968	475	0	3
1969	613	0	9
1970	732	3	8

In 1970 the above cases occurred during the first half of the year. It was perhaps a coincidence that in June the Worcestershire Branch of the National Farmers' Union was asked to request its members to exercise greater care in the use of antibiotics. Thereafter no cases were reported. None of the above were from producer retailers.

Water Supplies and Sewerage

Since 1944, including 1970/71, the County Council has given the following total of financial aid to the county district councils.

<i>Rural Water Supplies and Sewerage Acts :</i>							<i>1970/71</i>	<i>1944/71</i>
							<i>£</i>	<i>£</i>
Water Schemes	..	..	..	..	..	..	40,360	496,930
Sewerage Schemes	..	..	..	..	..	..	35,940	402,773
							76,300	899,703
Local Government Act 1958 (Section 56)								
Special Contributions	..	..	..	..	..	..	94,700	351,364
							171,000	1,251,067

In 1970 the County Council Public Health Sub-Committee gave observations and recommendations on the following schemes :

<i>Sewerage Schemes</i>	<i>Nature of Scheme</i>	<i>Estimated Cost</i>
<i>District</i>		<i>£</i>
Bromsgrove R.D.C.	Grange Lane, Alvechurch	31,250
Bromsgrove R.D.C.	Hagley Disposal Works	33,500
Droitwich R.D.C.	Sewer, Worcester Road, Hartlebury	3,195 18s 6d
Kidderminster R.D.C.	Churchill, Blakedown and Broome	133,007
Malvern U.D.C.	Malvern Link Sewerage Scheme	182,000
Martley R.D.C.	Abberley Common Sewerage	13,600
Martley R.D.C.	Martley and Wichenford	150,000
Pershore R.D.C.	Additional Foul Sewers	57,000
Pershore R.D.C.	Trunk Surface Water Sewers	115,000
Upton R.D.C.	Monsell Lane, Newbridge Green, Longdon Heath	48,000

Water Supply Schemes

Bromsgrove R.D.C.	Reservoir Road, Hopwood
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Local Inquiries

Kidderminster R.D.C.	Churchill, Blakedown and Broome
Martley R.D.C.	Martley and Wichenford

Schemes Completed under the Act

Bromsgrove R.D.	Reservoir Road, Hopwood
Martley R.D.	Abberley, Common

Survey of Future Sewerage Schemes

The Ministry of Housing and Local Government conducted a further survey in 1970, which produced a detailed picture of the prospects of progress in sewerage in future years. The Public Health Sub-Committee had at the same time asked for similar information. The opportunity was therefore taken to ask for copies of the Ministry returns. These have been listed at the end of this section of the report.

Water Supplies

All mains water in the County is provided by water boards, companies or Birmingham City. The position is as follows :

<i>Name of Authority</i>	<i>Source</i>	<i>Sampling Results 1970</i>
North West Worcestershire Water Board	Boreholes in the bunter and keuper sandstones 89% Bulk supply from the Birmingham aqueduct 6% Bulk supply from the South Staffordshire Waterworks Company 4% Fringe supplies 1%	501 bacteriological samples taken, 491 satisfactory. 172 chemical samples taken, all were satisfactory.
South West Worcestershire Water Board	Worcester Treatment Works—River Severn Bromsberrow and Lintridge—Boreholes Upton — Borehole Overbury — Springs British Camp — Impounding Reservoir and Hill Springs Bulk supplies from — Coventry Corporation — River Severn N.W. Gloucestershire Water Board — River Severn and Borehole Worcester C.B.C. — 100% River Malvern U.D.C. — 89% Borehole, 8% Impounding Reservoir and Hill Springs Persnore R.D.C. — 75% River, 25% Springs Upton R.D.C. — 68% River, 31% Borehole, 1% Impounding Reservoir and Hill Springs.	1,266 bacteriological samples taken, 707 satisfactory. 59 chemical samples taken, all were satisfactory.
South Staffordshire Waterworks Company	Borehole sources at Ashwood, Churchill, Hagley and Hinksford, from the River Severn supply at Hampton Loade and from bulk supply afforded by Birmingham Corporation Water Department. Main supply — boreholes — water added from the Elan Aqueduct in proportion 1-4. Also water from Severn is supplied to a small area at the North East Side of the Borough of Halesowen.	623 samples of chlorinated water were taken. All were satisfactory. 230 samples were examined bacteriologically and chemically. All were satisfactory. 464 samples of raw water were examined. 457 were satisfactory.
Birmingham County Borough Council	Soft upland water from Elan Valley reservoirs plus 3.5% of River Severn water at Trimpey.	A number of bacteriological and chemical samples were taken each week. All were satisfactory.

Fluoridation

In July a second station within the County commenced to fluoridate mains water. Water from this station is pumped mainly to Bromsgrove and district. It is hoped that more stations will be brought into use during 1971.

Satisfactory samples of fluoridated water were taken within the County as follows :

<i>Name of Authority</i>	<i>Number Taken</i>		
East Worcestershire Waterworks Company	388
North West Worcestershire Water Board	78
Birmingham C.B.C.	13

Protection of the Enviroument

Increasingly popular concern was being expressed during the year regarding the pollution of man’s environment by man. It was said that the degree of control we could exert over that pollution was a major factor in the quality of our civilisation. 1970 was also European Conservation Year.

To exert a proper control three things are needed. First, scientific and technological knowledge — knowledge of ecology and a knowledge of technology to control pollution at source. Secondly, we need the right frame-work of economic analyses and economic priorities. Thirdly, we need the right legal and administrative framework to translate priorities and decisions into action.

Public health is still the most important criterion in deciding on priorities for dealing with present day pollution but damage to amenity or enjoyment of life is also important.

Except for one or two instances, such as in the Clean Air Act, most public health legislation is concerned with removing existing pollution or curing environmental damage after it has occurred. Planning legislation requires anticipation of these aspects to prevent later action being required under public health law.

Increasing concern has been felt in recent years regarding the long term problems associated with the disposal of refuse in the county and, in particular, of industrial and toxic wastes. Economic and other factors are causing quantities of solid and liquid wastes to be brought from the industrial towns and deposited in holes in the countryside, with possible risk to water supplies and damage to the environment. Domestic refuse is changing in character and growing in quantity. Industrial users may have previously acquired sole rights to nearly all suitable disposal sites.

The Planning and Public Health Sub-Committees asked that a Working Party should be set up to study the problem of refuse disposal. The latter Committee suggested that terms of reference should be expanded to include "pollution prevention." In addition to county council officers, surveyors and public health inspectors from local authorities in the county, (including Worcester City), membership embraced river, water and sewerage boards and brought in representatives from various government departments. Initially the working party has confined its attention to refuse disposal. A questionnaire was prepared and its return from county district councils was awaited at the end of the year.

The difficulties of improving refuse disposal facilities pale into insignificance compared with those of protecting the environment as a whole. That it was considered necessary to set up a major Department of State for the Environment in 1970 emphasised these difficulties.

Probably the first steps which the County Working Party could take would be to ask for detailed statistical information on all current aspects of pollution. This is already done for water in rivers or air in some towns. The cost of improving the condition of the environment will be high. The Secretary of State recognised this in November when he reported that there would be increasing expenditure on sewerage and refuse disposal as part of the fight against pollution. It will only be when every one recognises and becomes individually concerned that the best and most prudent use is made of our land can we hope that our environment will be properly protected.

Construction of New Houses and Demolitions for the year ended 31st December, 1969.

District	Estimated population 1969	Dwellings under construction at end of period				Dwellings Completed				Total completed since 1st April, 1945	Houses in clearance area and unfit houses elsewhere	
		Local Authorities	Other Public Sector	Private Sector	Public and Private	Local Authorities	Other Public Sector	Private Sector	Public and Private		In Clearance Areas	Elsewhere
<i>Boroughs</i>												
Bewdley ..	6,400	—	—	101	101	—	1	—	1	1,048	—	—
Droitwich ..	10,350	529	2	63	594	381	2	56	439	2,749	24	8
Evesham ..	13,170	—	—	97	97	14	7	69	90	1,929	—	7
Halesowen ..	51,930	21	14	291	326	555	2	394	951	9,023	2	6
Kidderminster ..	46,740	119	1	287	407	131	2	326	459	7,947	143	—
Stourbridge ..	52,290	186	1	242	429	302	1	130	433	8,590	29	39
<i>Urban Districts</i>												
Bromsgrove ..	39,440	62	1	148	211	346	4	178	528	6,720	—	35
Malvern ..	29,810	—	29	118	147	96	12	148	256	4,397	—	19
Redditch ..	37,910	105	1	44	150	41	1	46	88	5,561	46	1
Stourport-on-Severn	16,090	80	6	246	332	—	13	249	262	3,732	—	14
<i>Rural Districts</i>												
Bromsgrove ..	37,310	79	—	75	154	20	13	100	133	6,281	—	16
Droitwich ..	15,870	21	4	76	101	4	1	86	90	1,855	—	—
Evesham ..	19,070	28	156	81	265	5	1	109	115	2,684	—	—
Kidderminster ..	12,660	29	—	55	84	10	—	21	31	1,657	—	3
Martley ..	13,570	—	1	61	62	—	—	83	83	1,722	—	3
Pershore ..	21,110	—	—	160	160	68	—	156	224	3,301	—	22
Tenbury ..	5,440	—	—	11	11	—	—	37	37	546	—	3
Upton-on-Severn ..	15,310	4	—	68	72	—	—	64	64	1,952	—	6
Redditch New Town	—	1,064	—	—	1,064	866	—	—	866	1,871	—	—

Construction of New Houses and Demolitions for the year ended 31st December, 1970.

District	Estimated population 1970	Dwellings under construction at end of period				Dwellings Completed				Total completed since 1st April, 1945	Houses in clearance area and unfit houses elsewhere	
		Local Authorities	Other Public Sector	Private Sector	Public and Private	Local Authorities	Other Public Sector	Private Sector	Public and Private		In Clearance Areas	Elsewhere
<i>Boroughs</i>												
Bewdley ..	6,410	14	—	229	243	—	—	246	246	1,540	—	—
Droitwich ..	11,650	300	2	53	355	305	—	43	348	3,445	—	14
Evesham ..	13,190	45	—	78	123	—	—	58	58	2,045	—	5
Halesowen ..	52,350	2	14	267	283	25	—	134	159	9,341	18	4
Kidderminster ..	47,000	90	1	295	386	60	—	300	360	8,667	98	4
Stourbridge ..	52,210	109	1	264	374	161	—	151	312	9,214	—	41
<i>Urban Districts</i>												
Bromsgrove ..	39,870	5	1	220	226	62	—	184	246	7,212	—	31
Malvern ..	29,950	11	30	89	130	—	29	82	111	4,619	—	1
Redditch ..	40,010	77	1	99	177	105	—	42	147	5,855	23	1
Stourport-on-Severn	16,410	64	—	155	219	28	6	197	231	4,194	—	4
<i>Rural Districts</i>												
Bromsgrove ..	37,450	87	—	131	218	62	—	53	115	6,511	—	14
Droitwich ..	15,960	—	4	54	58	21	—	35	56	1,967	—	—
Evesham ..	19,050	55	120	50	225	—	36	58	94	2,872	—	1
Kidderminster ..	12,550	8	—	62	70	23	—	22	45	1,747	—	4
Martley ..	13,630	—	—	71	71	—	1	38	39	1,800	—	7
Pershore ..	21,310	56	8	108	172	2	—	110	112	3,525	—	7
Tenbury ..	5,450	—	—	16	16	—	—	9	9	564	—	—
Upton-on-Severn ..	15,240	25	—	89	114	4	—	42	46	2,044	—	4
Redditch New Town	—	636	—	90	726	901	—	24	925	3,721	—	—

Parish	Category	Numbers of existing properties at 1.4.70			To be served by schemes in columns (6)-(12) (5)	Proposed work in category B and D Parishes										Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)	
		A	B	C		D	E	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement									
								(to nearest £1,000)									
								1970/1 (6)	1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)	Later (12)			
(1)		(2)				£000	£000	£000	£000	£000	£000	£000					
Alvechurch	..		X					106				22					
Belbroughton	..		X				2,146	1,782	221								
Bentley Pauncefoot	..					X	869	517	64				65				
Beoley	..			X			110	7	—								
Clent	..						265	67									
Cofton Hackett	..	X					790	690	79	5	5		20	20			
Dodford with Grafton	..				X		656	642									
Frankley	..			X			187	14	120					80			
Hunnington	..		X				56	20	—								
Hagley	..	X					191	178	7	3							
Romsley	..		X				1,577	1,542									
Stoke Prior	..		X				558	434	37				28				
Tutnall and Cobley	..		X				993	812	40	3				12			
Wythall	..			X			300	91									
Totals	..		X				3,260	2,983	182			107					
							11,958	9,779	750	11	111	107	48	65	34	100	55,000

Category

- A. Effectively sewered (*i.e.* all except outlying properties connected or connectable to a system of main drainage with no further extensions contemplated).
- B. Partly sewered and with further extension(s) in prospect (appropriate entries in column 5 etc. required).
- C. Partly sewered and with no further extension in prospect.
- D. Not sewered but whole or partial sewerage intended (appropriate entries in column 5 etc., required).
- E. Not sewered and no sewerage contemplated.

Droitwich R.D.C.

Parish	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes							Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement							
									(to nearest £1,000)							
									1970/1 (6)	1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)	Later (12)	
(1)		(2)							£000	£000	£000	£000	£000	£000	£000	
Bradley Green and } Stockgreen				X				118	92							
Himbleton, Earls ..								143	120							
Common, Sale Green ..			X													
Ladywood ..		X						51	39							
Martin Hussingtree ..	X							46	36							
Oddingley, Dunhampstead, } Shernal Green, Hadzor }		X						99		80						
Upton Warren ..			X					35		19						
Salwarpe ..	X							14		10						
Crossway Green ..		X						79		59						
Charlton ..		X						15		15						
Sytchampton } Dunhampton }			X					45			44					
Torton ..	X							39			25					
Comhampton ..				X				16			17.5					
Copcut ..		X						16			12					
Totals ..								716	287	183	98.50					

Parish	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes							Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement							
									(to nearest £1,000)							
									1970/1 (6)	1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)	Later (12)	
(1)			(2)						£000	£000	£000	£000	£000	£000	£000	
Abbotts Morton ..	X					57	50									
Aldington ..	X					71	65									
Ashton-under-Hill..	X					203	165									
Aston Somerville ..		X				56		40				10				3,000
Badsey ..	X					741	730									
Beckford ..	X					193	155									
Bickmarsh ..					X	30										
Bretforton ..	X					323	300									
Broadway ..	X					923	875									
Childswickham ..	X					216	200									
Church Lench ..				X		217		160	56							21,000
Cleeve Prior ..	X					171	160									
Conderton ..	X					38	35									
Harvington ..	X					410	370									
Hinton-on-the-Green ..		X				89		50			7					5,000
Honeybourne ..	X					329	300									

Evesham R.D.C. (continued)

Parish	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes							Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement							
									1970/1 (6)	(to nearest £1,000) 1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)	Later (12)	
(1)			(2)						£000	£000	£000	£000	£000	£000	£000	
Inkberrow		X				880	260	321			100					50,000
Kemerton	X					168	160									
North and Middle Littleton	X					269	250									
*Norton and Lenchwick ..				X		285		637			55					35,000
Offenham	X					383	375									
Overbury	X					102	100									
Pebworth		X				212	90	100				20				15,000
Rous Lench			X			94	40									
Sedgeberrow	X					209	206									
South Littleton	X					246	235									
Wickhamford	X					278	260									
Totals						7,193	5,381	1,308	56		162	30				129,000

Parish	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes							Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement							
									(to nearest £1,000)							
									1970/1 (6)	1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)	Later (12)	
(1)			(2)						£000	£000	£000	£000	£000	£000	£000	
Broome (combined with Churchill and Blakedown proposals)				X		110	2	92		23						6,000
Chaddesley Corbett (combined with Stone proposals)		X				445	200	110		25	17					7,400
Churchill and Blakedown ..		X				530	340	100		48						6,600
Kidderminster Foreign ..			X			198	40									
Ribbesford ..					X											
Rock ..		X				640	150	150				60				10,000
Rushock ..					X											
Stone ..		X				210	69	52			26					3,500
Upper Arley ..			X			212	74									
Wolverley (inc. Cookley) ..	X					1,400	1,030									
Totals ..						3,745	1,905	504		96	43	60				33,500

Parish	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes							Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)
	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement															
	1970/1	(to nearest £1,000) 1971/2	1972/3	1973/4	1974/5	1975/6 to 1979/80	Later									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)					
Abberley (a)																
Abberley (b)																
Alfrick																
Astley																
Bransford																
Broadheath																
Broadwas																
Clifton-on-Teme																
Cotheridge																
Doddenham																
Grimley																
Hallow																
Hillhampton																
Holt																
Kenswick																
Knightwick																
Leigh																

Parish	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes							Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)	
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement								
									1970/1 (6)	(to nearest 1971/2 (7)		1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)		Later (12)
										£000	£000	£000	£000	£000	£000		£000
(1)			(2)														
Lulsley					X	47											
Martley		X				322	77	70		94							42,000
Rushwick	X					342	303										
Sapey, Lower			X			57	8										
Shelsley Beauchamp			X			67	19										
Shelsley Kings					X	67											
Shelsley Walsh					X	19											
Shrawley				X		158		135		45							15,000
Suckley		X				205	35	40	N.K.								N.K.
Wichenford		X				140	39	17		14							
Witley, Great		X				166	69	30	N.K.								N.K.
Witley, Little			X			71	22										
Totals						4,719	1,959	788	152	153	112						62,000

Parish	Category				Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes						Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)		
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement							
									(to nearest £1,000)							
									1970/1 (6)	1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)		1975/6 to 1979/80 (11)	Later (12)
(1)			(2)						£000	£000	£000	£000	£000	£000		
Abberton					X	18	NIL									
Besford				X		52	NIL	46					20			
Birlingham				X		126	NIL	120					50			24
Bishampton	X					182	147									
Bredicot					X	11	NIL									
Bredon	X					493	450									
Bredons Norton				X		74	NIL	70	29							14
Bricklehampton		X				67	10	51								12
Broughton Hackett		X				48	30	18						20		3
Charlton	X					150	140									
Churchill					X	11	NIL									
Comberton, Great		X				114	40	70	30							20
Comberton, Little	X					145	126									
Crophorne	X					215	200									
Defford		X				172	87	74					35			30
Dormston				X		43	NIL	40						17		8
Drakes Broughton and Wadborough		X				395	230	150				65				70
Eckington	X					343	265									
Elmley Castle	X					145	134									
Fladbury	X					244	258									
Flyford Flavell				X		66	NIL	66						28		13

Parish	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes								Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement								
									(to nearest £1,000)								
									1970/1 (6)	1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)	Later (12)		

(1)																			
Grafton Flyford ..				X		55	NIL	55									23	11	
Hill and Moor ..	X					199	182												
Kington		X				120	42	70									29	24	
Naunton Beauchamp ..		X				61	10	38	18									9	
Netherton		X				12	NIL												
North Piddle ..				X		43	NIL	35									15	7	
Norton-Juxta-Kempsey ..		X				246	130	90				45						44	
Peopleton		X				193	130	60				28						38	
Pershore	X					1,858	1,820												
Pinvin	X					202	190												
Pirton		X				49	15	30				13						9	
St. Peter The Great County					X	25	NIL												
Spetchley				X		29	NIL	24									12	5	
Stoulton		X				149	52	90				40						28	
Strensham		X				62	14	40									17	11	
Throckmorton ..			X			37	12												
Upton Snodsbury ..		X				143	60	70						30				26	
White Ladies Aston ..				X		93	34	55						23				18	
Whittington		X				144	90	50				21						28	
Wick	X					157	150												
Wyre Piddle ..	X					161	153												
Totals ..	13	14	1	9	5	7,152	5,181	1,412	69	29		212		158	161			458	

Tenbury R.D.C.

Parish (1)	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes								Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)		
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement										
									(to nearest £1,000)									1975/6 to 1979/80 (11)	Later (12)
									1970/1 (6)	1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)						
									£000	£000	£000	£000	£000	£000					
Bayton				X		150		At survey	stage only	y — no costs or ti	metable	at present							
Bockleton					X	58													
Eastham					X	86													
Hanley					X	81													
Knighton-on-Teme ..				X		163		At survey	stage only	y — no costs or ti	metable	at present							
Kyre					X	30													
Lindridge				X		208		At survey	stage only	y — no costs or ti	metable	at present							
Mamble				X		72		At survey	stage only	y — no costs or ti	metable	at present							
Pensax					X	98													
Rochford					X	71													
Stanford/Orleton ..					X	47													
Stockton					X	32													
Stoke Bliss					X	68													
Tenbury	X					911	687												
Totals	1			4	9	2,075	687												

Upton-on-Severn Rural District Council

Parish	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes							Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)
	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement															
	1970/1 (6)	(to nearest £1,000) 1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)	Later (12)									

(1)				(2)													
Berrow																	
Birtsmorton																	
Bushley																	
Castlemorton		X															27
Croome D' Abiotot																	
Earls Croome	X																
Eldersfield																	
Guarlford		X															5
Hanley Castle	X																
Hill Croome	X																
Holdfast																	
Kempsey	X																
Little Malvern																	
Longdon	X																

Upton R.D.C. (continued)

Parish (1)	Category					Numbers of existing properties at 1.4.70			Proposed work in category B and D Parishes							Estimated cost of Sewage Disposal work associated with cols. 6-12 (13)
	A	B	C	D	E	In the parish (total)	Already served	To be served by schemes in columns (6)-(12) (5)	Estimated cost of First Time Sewerage at 1970 prices entered under probable year or period of commencement							
									(to nearest £1,000)							
									1970/1 (6)	1971/2 (7)	1972/3 (8)	1973/4 (9)	1974/5 (10)	1975/6 to 1979/80 (11)	Later (12)	
			(2)						£000	£000	£000	£000	£000	£000	£000	
Madresfield		X				67	20	39			29					
Newland	X					120	60									
Peadock					X	69										
Powick	X					873	750									
Queenhill					X	26										
Ripple	X					355	215	110	106							28
Severn Stoke		X				184	140	15	4							4
Upton-on-Severn I.L.A. ..		X				773	600	56		38						
Upton-on-Severn O.L.A. ...					X	85		27								
Welland				X		272		206	138*							40
Totals						5,415	3,284	578	253	128	29					104

PART XIII

SCHOOL HEALTH SERVICES

School Clinics

<i>Name</i>	<i>Address</i>	<i>Held on</i>	<i>Nurses Sessions</i>	<i>Services</i>
Blackheath	Feldon Lane, Halesowen	Occasional		E.M.D.V.A.CGS.
Bromsgrove	Recreation Road, Bromsgrove	Wednesdays at 9.30 a.m.		E.M.D.V.S.A.CG.
Catshill	The Dock, Gibb Lane, Catshill	Occasional		CG.V.
Cradley	Colley Lane, Cradley	Occasional		M.D.V.A.S.
Droitwich	Norbury House, Droitwich Spa	Occasional		E.M.V.A.S.
Evesham	Waterside, Evesham	2nd and 4th Fridays at 9.30 a.m.		E.M.D.V.S.A.CG.
Halesowen	Highfield Lane, Halesowen	Occasional	Fridays at 9.30 a.m.	E.M.D.V.S.A.RE.P.
Lye	Orchard Lane, Lye, Stourbridge	Occasional		E.M.D.V.
Malvern	(1) Victoria Park Road, Malvern Link	Fridays at 9.30 a.m.		E.M.V.S.A.
	(2) Grove School, Pickersleigh Grove, Malvern	By appointment		D.
Pershore	Cherry Orchard School	Occasional		E.S.
Redditch	Bromsgrove Road, Redditch	1st Thursday at 9.30 a.m.	Thursdays at 9.30 a.m.	E.M.D.V.S.A.
Rubery	Barrington Road, Rubery, Birmingham	Occasional		E.M.D.V.S.
Stourbridge	Westhill Clinic, Hagley Road, Stourbridge	Occasional		E.M.D.V.A.S.
Worcester	(1) 1 Loves Grove, Castle Street Worcester	Wednesdays 9.00 a.m. and 2.00 p.m. Thursdays 9.30 a.m. and 2.00 p.m. Saturdays 9.45 a.m.	Fridays at 9.30 a.m.	CG.
Wythall	(2) Castle Street, Worcester Silver Street, Wythall	Occasional		E.M.V.S.A. E.M.V.A.S.
KIDDERMINSTER AREA				
Bewdley	Rear of 70/71 Load Street, Bewdley	Thursday 2 p.m.		S.
Kidderminster	Coventry Street, Kidderminster	Thursday 9.30 a.m.		CG.D.E.M.S.A.V.
Stourport-on-Severn	Mitton Street, Stourport	2nd and 4th Fridays 9.00 a.m. by appointment	Mondays, Wednesdays and Fridays 9—10 a.m.	D.E.M.V.
Tenbury Wells	Clinic, Bromyard Road, Tenbury Wells	Wednesdays a.m.		S.

INDEX TO SERVICES :

A. Audiology	M. Minor Ailments	P. Physiotherapy	S. Speech
CG. Child Guidance	O. Orthopaedic	RE. Remedial Exercises	V. Vaccination and Immunisation

School Hygiene

by

R. Colenso, M.R.S.H., M.I.P.H.E., F.A.P.H.I.

County Public Health Inspector

Four new schools (3 primary and one middle) were completed in 1970. There were also large extensions at 19 schools. Improvements of lighting and sanitation were carried out at a number of schools.

In addition to the kitchens at the new schools three new kitchens were provided. The standard of hygiene at all school kitchens was maintained at a high level. No cases of food poisoning were reported during 1970. Arrangements were made for any cases of suspected food poisoning to be reported initially to the School Meals Section of the County Education Department; the County Health Department or appropriate District Health Department to be informed by the section immediately.

All primary schools continued to be supplied with milk under the milk-in-schools scheme. On a specific date in September, 1970, 38,705 children at County Council and independent schools received this milk. All County Council schools receive meals and on the above date 49,741 dinners were provided. Samples of milk were taken weekly from about seven schools; chosen so that all suppliers would be included. Nine samples failed to pass the statutory methylene blue test.

The last school in the County not served by a mains water supply was at last connected. All schools are therefore, now connected to a mains water supply. All had previously been on the water carriage drainage system.

Two more school swimming pools were built in 1970. The numbers are now as follows :

Learner Pools	..	..	7	County Council Pools	1
County Council/P.T.A. Pools	..	18		Pre-war pools	.. .. 2

All schools are visited regularly during the time the pools are in use, including some of the pools at independent schools used by pupils from County Council schools. Bacteriological and chemical samples were taken and advice and instruction given to the staff looking after the pools. Reports are sent to the Principal School Medical Officer from each school.

The condition of the water in the much-used learner pools was kept to a more satisfactory standard than in previous years.

Chlorinated cyanurates, a new chlorine compound, was tried out at three schools as an experiment. It seemed to have been very successful and more schools are to be included in the trial during 1971.

Child Guidance Service

by

Dr. T. K. MacLachlan, M.B., CH.B., M.R.C.P.(E.), D.P.M.

Medical Director

The year 1970 has seen some advances take place in the Child Guidance sphere. Our ability to deal more fully with the cases referred to us has been enhanced by the provision of an extra Educational Psychologist and an extra Psychiatric Social Worker. The service continues to have a high referral rate which sometimes overwhelms us. Very regrettably this has led to a restriction in our services. The staff are very much aware of the deficiencies and lack of time given to any one particular case that this tends to produce. However, we feel sure that in the last year a greater amount of work has been done for the children who have been referred to us.

The high-light of the year as far as the Child Guidance Service is concerned was the undertaking by the Education Committee to provide Day Maladjusted Classes in the County. We look forward to the implementation at the rate of two new classes every year up to the year 1975. In addition we hope that a long felt need for a residential school for maladjusted children will be filled in the latter half of the 1970s. We wish the Education Committee good fortune in their search for suitable buildings so that the new Classes can be started as soon as possible. We have over 200 children in the Maladjusted category who would benefit from Special Classes or Special Schools. A feature of the year has been the increasing difficulty that we have had in finding places in private schools for maladjusted children. We have a lengthening waiting-list of children who are not going to obtain any help as the older they become the more reluctant schools for maladjusted are to take them in to their communities.

The staff of the Clinic feel that they are still in limbo as no decision has been made as to which Service they will be tied to. The staff feel that the Child Guidance Service should be independent from Health Education and the Social Services, but that the various members should be seconded from their respective parent group — thus the psychiatrist is seconded from the Regional Hospital Board, the social workers from the Social Services Department and the educational psychologists from the Education Department.

During the year, Mr. Trevor Jellis has joined us from Nottingham University, Miss Bennett has joined us from Dudley Social Services Department, and we have had several welcome students from the Birmingham University Course. In the last few months we have also had a student from the Technical College Course in Birmingham. All the students give greatly to our team work and also keep us up-to-date with theory current in academic circles. We spend time trying to give them some of the fruits of our knowledge and experience but we feel that the best of the bargain is on the clinic side.

As a Director of the Clinic who is abandoning his post for pastures new, I must say how much I have enjoyed working with this clinic team. The present staff are a dynamic group of highly intelligent and highly qualified people. They have a fund of knowledge and experience to give to the community. They are unique in that, as a group, they combine the disciplines of social work, sociology, psychology, education, medicine and psychiatry. This is a precious conglomeration of expertise and the work done by most of the members of the group has been rendered less valuable by the relative lack of medical staff. This particular Child Guidance service needs a second psychiatrist to balance the work load. It also needs a second child psychiatrist in order to make a proper contribution to the children's mental health. I hope that in the next two years a second consultant will be appointed, and that following this an in-patient unit will be opened in 1973 at the Newtown site. This much needed increase of medical staff along with the much needed residential provision will be a tremendous step forward for the young people of Worcestershire. When the new provision for maladjusted children and the new provisions being made by the Social Services Department for day care and re-organised residential care is also taken into account, I would expect Worcestershire to have a Service for children second to none in the Midlands.

Medical Inspections

Medical Inspections have continued as outlined in previous reports. The following tables give an indication of the work done. It is regrettable that cleanliness inspections are still required because the time of the staff concerned could be better utilised in other fields.

School Population

School Population						Schools/ Dept.		No. of Children		Total
						Boys		Girls		
Nursery	..	..	..	..	..	1	16	20	36
Primary	..	..	..	..	..	229	22,380	21,131	43,511
Middle	..	..	..	..	..	8	1,439	1,370	2,809
Secondary Modern			..	..	..	30	8,166	7,745	15,911
Comprehensive (Final Stage Upper Schools)					..	4	1,152	1,101	2,253	
Secondary Grammar			..	..	..	10	3,253	3,061	6,314
Secondary Technical			..	..	..	1	382	—	382
						283	36,788	34,428	71,216	
Special Schools	..	..	..	..	..	5	281	166	447
							37,069	34,594	71,663	

Medical Inspection and Treatment

(a) Periodic Medical Inspections

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory	for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.			
(1) 1966 and later	(2) 42	(3) 42	(4) —	(5) —	(6) 5	(7) 4
1965	3581	3580	1	125	485	558
1964	3056	3056	—	142	470	578
1963	397	397	—	35	85	106
1962	189	189	—	17	67	65
1961	190	190	—	11	37	41
1960	230	230	—	17	44	50
1959	3769	3769	—	228	585	770
1958	1820	1820	—	126	244	347
1957	491	491	—	35	67	89
1956	2119	2118	1	136	247	364
1955 and earlier	3120	3120	—	324	363	653
Total	19004	19002	2	1196	2699	3625

(b) Other Inspections

Number of Special Inspections	..	..	6,867
Number of Re-inspections	..	..	2,684
Total	..	..	9,551

(c) Defects found by periodic and Special Medical Inspections during the year

Defect Code No.	Defect or Disease		Periodic Inspection				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	131	227	347	705	61
		O	97	69	87	253	50
5	Eyes— <i>a.</i> Vision ..	T	267	460	469	1196	255
		O	803	317	531	1651	410
	<i>b.</i> Squint ..	T	88	12	55	155	23
		O	59	21	58	138	22
	<i>c.</i> Other ..	T	13	8	7	28	4
		O	12	11	11	34	10
6	Ears <i>a.</i> Hearing ..	T	93	30	70	193	74
		O	316	59	209	584	230
	<i>b.</i> Otitis ..	T	41	13	29	83	17
	Media ..	O	117	24	50	191	35
	<i>c.</i> Other ..	T	6	6	3	15	5
		O	31	11	25	67	10
7	Nose and Throat ..	T	95	44	73	212	52
		O	613	71	233	917	171
8	Speech	T	90	9	40	139	77
		O	148	14	46	208	94
9	Lymphatic Glands ..	T	8	2	1	11	6
		O	146	19	58	223	59
10	Heart	T	10	8	7	25	8
		O	49	20	29	98	35
11	Lungs	T	49	17	47	113	28
		O	190	47	112	349	120
12	Developmental—						
	<i>a.</i> Hernia ..	T	18	2	10	30	6
		O	47	3	13	63	15
	<i>b.</i> Other	T	18	9	54	81	41
		O	140	47	138	325	121
13	Orthopaedic—						
	<i>a.</i> Posture ..	T	7	18	13	38	7
		O	50	38	56	144	27
	<i>b.</i> Feet	T	187	63	139	389	84
		O	287	94	187	568	105
	<i>c.</i> Other	T	39	26	39	104	17
		O	62	42	59	163	40
14	Nervous System—						
	<i>a.</i> Epilepsy ..	T	10	10	7	27	15
		O	17	9	14	40	32
	<i>b.</i> Other	T	12	23	52	87	56
		O	157	25	67	249	148
15	Psychological—						
	<i>a.</i> Development ..	T	9	2	21	32	71
		O	84	21	63	168	114
	<i>b.</i> Stability ..	T	17	4	37	58	61
		O	72	17	77	166	69
16	Abdomen	T	11	11	14	36	11
		O	18	16	18	52	13
17	Other	T	26	50	62	138	47
		O	26	43	83	152	55

Cleanliness

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	130,242
(b) Total number of individual pupils found to be infested	806
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	55
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	4

Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	161
Errors of refraction (including squint)	3,635
Total	3,796
Number of pupils for whom spectacles were prescribed	2,780

Diseases of the Skin

	Number of pupils known to have been treated
Ringworm— (a) Scalp	—
(b) Body	—
Scabies	16
Impetigo	—
Other skin diseases	284
Total	300

Orthopaedic Defects

(a) Report by Mrs. J. J. Johnson, S.R.N., O.N.C.

The well established routine work of the supervision of physically handicapped children, both in their homes and at schools has continued throughout the year.

My attendance at certain Child Health Clinics has proved very worth while. The number of parents seeking advice on footwear and minor defects have steadily increased, but I am sure much more good preventative work could be achieved in the pre-school child if more Orthopaedic trained personnel was available. These clinic visits have been appreciated by the Health Visitors concerned and we feel that here is surely the place where much preventative work could take place and provides the liaison between those concerned with the problems involved in the care of handicapped children.

The birth of a severely handicapped child, even into a happy secure family can have a very devastating effect, until they become adjusted to the long term needs of the child, and indeed, to a less secure family may even cause breakdown without continuous united support and sympathetic encouragement from the Medical team, *i.e.* General Practitioner, Health Visitor and Orthopaedic Visitor. In less well adjusted families, with financial and domestic problems the requirement of the child can become an overwhelming burden, requiring a very great deal of time and patience and practical help.

The changing concept of living, with young couples moving away from parental support and living in new estates and blocks of flats, cause problems in itself. A young Mother in a large block of flats can feel as cut off from Society as if she were on a desert island and small problems soon become very magnified. I am sure that parents are very appreciative of the link my colleague, Mrs. Hunt, and I are able to supply between them and the Orthopaedic Surgeons.

There remains a great deal of work to be done both in the preventative and after-care aspects of Orthopaedic nursing, but this, alas, cannot be achieved with the present Staff. During the 30 odd years the Orthopaedic Service has been in existence the Staff has not been increased. I hope that this may be remedied in the very near future.

(b) Report by Mrs. M. Hunt, M.C.S.P., O.N.C.

The routine work within the County has continued as in previous years, perhaps at times with some worry and frustration.

A total of 1,520 children were seen in the orthopaedic clinics held at Redditch, Worcester and Evesham, 474 at Redditch, 710 at Worcester and 336 at Evesham.

The visits to welfare clinics on a monthly basis have continued successfully. Schoolchildren also come at the end of the clinic with their parents. This helps by saving both a school visit and a home visit.

With the earlier assessment of handicapped children my domiciliary work has increased, this means unfortunately that my regular school visits have had to be cut down. It is sometimes difficult to decide which should come first, hence my feelings of worry and frustration. However, I have concentrated on my domiciliary visits since early treatment is very essential, also mothers especially need help because a handicapped child within the family creates many many problems. I might mention here that I have no further reports on my little arthrogryphosis patient, to my sorrow he returned, with his mother and sister, to Pakistan early in the year.

There are very definite advantages in treating the young child within his home environment. He is more relaxed and confident, instruction can be given to the mother more easily and guidance as to the use of equipment, or improvisations within the individual homes can be adjusted as necessary.

The main disadvantage is the time factor, the children seen in one day are, naturally, not so many. Also useful equipment available only in hospital departments cannot be used, although it must be said that much can be improvised.

A fully equipped, fully staffed, physiotherapy service which should include the treatment of geriatric patients too would be a possible answer to the problem. More staff would mean a cutting down in the size of the areas covered, but I fear this is only a pipe dream.

I was very fortunate in March to be able to attend a week-end course at Wallingford, organised by the Spastics Society. This was very interesting and concerned the treatment of spastic children by the Bobath method, it is important to keep as up to date as possible with methods of treatment so this course was most welcome.

I also appreciated the lecture demonstration given by the Chief Chiropodist — Mr. H. D. Price and his staff — in December. The afternoon was most interesting and I agree with Mr. Price that the treatment of 'problem feet' at an early age is very essential.

I attend meetings of the Spina Bifida Association regularly, these are held on Sunday afternoons so that all the family are able to come. The lectures we have are very interesting and ideas flow between parents which can be most useful to pass on to others.

May I once again thank the doctors, teachers and health visitors for their co-operation during the year. I appreciate especially the help the health visitors give me, both in informing me of cases in their care and the follow up of these children.

Audiometric Service

The routine diagnostic work of this branch of the service has continued as described in previous reports. The aim is to screen all children in their first year at school as well as investigating children referred because of suspected hearing loss. Many infant school children require to be referred on to hospital for operative treatment and I would like to say how very much the help and support of the E.N.T. surgeons is appreciated. In general children with a hearing loss are given priority and are treated expeditiously thus, preventing permanently impaired hearing, but I am afraid the pressure of referrals in the Bromsgrove and Redditch areas is leading to delay which I expect will become worse as overspill increases unless facilities are expanded.

The integration of children with considerable degrees of hearing loss into the ordinary school system has continued steadily. This, of course, takes place after communication has been established within the family. If a child with impaired hearing has hearing friends he (or she) has every encouragement to become verbal and thus avoid any tendency towards social isolation. In a school population of 71,000 there are approximately 70 children (1:1000) with seriously impaired hearing. In 1970 only 36 of these children were being educated in special schools. On reviewing the statistics the steady decline in children placed in special schools is noteworthy despite an increase in school population (1965 - 54 children with impaired hearing in special schools). These results would of course not be possible without the hard work and support given by the peripatetic teachers of the deaf in the homes and in the schools. They concentrate on auditory training and development of language. The children then have every opportunity to practice their skills in a hearing environment. The children's progress is watched carefully but experience has shown that changes in placement are rarely necessary.

There follows a more detailed account of the work of the peripatetic teachers of the deaf.

Peripatetic

Report by Mr. E. W. Stanton, Senior Teacher of the Deaf.

The routine work of this service has continued on similar lines as shown in previous annual reports, but the number of children being helped by the service has again steadily increased, as it has done each year since the service was established in 1963.

Three main factors have contributed to the expansion :

Firstly the steady increase in child population.

Secondly, a continuing programme of screening and early diagnosis of hearing defects at pre-school level and during the school years.

Thirdly, the opportunity afforded by such early diagnosis enables the peripatetic teachers to give continuing teaching and support from a very early age. As a result a continually increasing number of children with significant hearing defects are making very satisfactory progress in their local primary schools despite their handicap.

Many children who were initially supervised in primary school in the early years of this service have already made a satisfactory transfer to middle or secondary school, and more support is becoming necessary for this older group of children.

An assessment was made in October 1970 of the needs and estimated growth of the peripatetic service and as a result provision has been made for an increased establishment of teachers within the period 1971-1975.

Mention was made in the previous Annual Report of the development of miniature radio aids which are directly applicable to the teaching of hearing impaired children.

Very satisfactory results have been obtained during evaluation of one of these aids with hearing impaired children who are attending day school.

The advantages given by such aids have been readily appreciated by both teachers and pupils and the results obtained so far suggest that they will be of great value in the future.

I am most grateful to head teachers and their staffs for the excellent co-operation given to the members of the peripatetic service in their work with hearing impaired children within their schools.

The understanding and encouragement given by class teachers to children who are handicapped by a hearing defect is reflected in the satisfactory overall progress of these children.

Audiological Service

Number of Sweep Tests carried out

Children Tested	Number	Total who failed test	Referred to Aural Clinic
Infants	8023	1414	983
Junior Mixed	1555	340	208
Sec. Modern/Grammar ..	68	24	24
Total	9646	1778	1215

Number of Examinations at Audiometric Clinics during 1970

Number examined ..	2244
Infection of Ear, Nose and Throat	995
Other Conditions ..	220
Number of referrals to Ear, Nose and Throat Consultants	349

Pre-school children

Year ending 31st December, 1970

Home Visits for Hearing Tests			Home visits for Auditory Training and Parent Guidance	Follow-up school and Home Visits		Misc.
Under 18 mths.	18 mths. to 5 yrs.	5 yrs. +		Pre-school children	School children	
126	375	44	306	12	6	28

Hearing Aids

Total number of pupils in schools who are known to have been provided with hearing aids :

(a) during the calendar year 1970	..	..	37
(b) in previous years	..	..	174

Health Education in Schools

Report by Mr. J. N. Pitts, M.R.S.H., M.A.P.H.I., DIP.H.ED. (LOND.)
Health Education Officer

The year brought more work in schools than ever before. In addition to that carried out by the three full-time Health Educators, several Health Visitors, District Nurses and Medical Officers originated or took part in short courses or occasional health education sessions in schools. Every encouragement for this to develop will be given. Close co-operation with the Principal School Dental Officer has effected more dental health education, and the greater number of films and other aids borrowed directly by schools, and advice sought by teachers, confirms the growing interest and acceptance of health education in the school curriculum.

Venereal Disease

The interest aroused in this subject last year continued and the majority of secondary schools now include it in school leavers or personal relationship courses, usually calling upon the health education staff or school medical officers for assistance.

The two Colleges of Education within the County and four of the Colleges of Further Education now have regular annual sessions on Venereal Disease.

Addiction

Whilst every effort is made to get tobacco addiction discussed in all schools, the aspect of other types of drug addiction has not been pressed. Nevertheless, several requests were received and talks and discussions arranged with senior pupils.

Thought is being given to setting up a Working Committee on Drugs to establish the extent of the problem amongst school children and to find the most effective educational methods. Close co-operation between health, police, social, educational, and diocesan authorities will be essential and favourable progress had been made by the years end.

Personal Relationship Education

The Working Party referred to in last year's report has continued discussion on the form of a suitable syllabus.

The Health Education Officer organised, with the Leader of the Kidderminster Teachers Centre an experimental six lecture course for teachers in that area.

In schools, the involvement of health department Staff varies. In one school, a health visitor is a regular weekly attender, but the usual pattern is for the specialist speaker to be invited for the occasional health topic.

In general

The weekly courses in Rhydd Court and Stourminster continued with enthusiastic reports from the head teachers.

One health visitor initiated a short repeating course in a girl's remand home.

Courses continue to be arranged in conjunction with the British Red Cross and St. John Ambulance Organisations for their various certificates, and examination results have been excellent. These courses are usually part of a general health education programme and contain a definite element of positive health instruction.

One secondary school has a health education programme devised by the head teacher, a general practitioner and the health educator. The enthusiasm and participation of the local doctor is most welcome.

School Children in Road Accidents

The following table for Worcestershire has been supplied by the Chief Constable, West Mercia Constabulary :

				Fatal	Serious	Slight	Total
1970	..	..	..	15	134	286	435
1969	..	..	..	5	116	236	357
1968	..	..	..	3	103	204	310
1967	..	..	..	4	64	216	284
1966	..	..	..	5	88	207	300
1965	..	..	..	5	73	228	306
1964	..	..	..	11	73	222	306
1963	..	..	..	2	95	246	343
1962	..	..	..	6	71	196	273
1961	..	..	..	5	59	177	241
1960	..	..	..	3	78	207	288

School Dental Service

Report by Mr. Charles W. D. Jones, B.D.S.
Principal School Dental Officer

One of the main factors governing a Local Authority School Dental Service is the manpower available. A full staff means that each individual Dental Officer has less patients, and thus able to devote more time to each individual for treatment and instruction in personal oral hygiene.

If a full staff is maintained over the years, the dental health of the children treated by an Authority's School Dental Service will inevitably improve. The patients will be seen more frequently so that any fault found should be smaller and simpler to correct. More teeth can be saved and less teeth extracted.

To an extent this has been the position in Worcestershire in 1970. For much of the year we have been close to a full establishment and in the majority of areas there has been no change in staff, not only this year but for the last several years. This has resulted in a degree of improvement shown by the increase in the number of children re-inspected during the year and, for the first time ever, more deciduous teeth being saved than extracted. This is a satisfactory trend but we should not be lulled into a sense of false security. Dental manpower is short in the country as a whole, and there is no guarantee that the staffing position will remain as high throughout 1971. Any loss in staff would mean a proportional fall in treatment available.

Staffing

As stated before, in 1970 the staffing position of Dental Officers has improved. Miss R. H. Whitaker, B.D.S., was appointed to the Bromsgrove Clinic in January, but unfortunately for us she left to take up an appointment at the Birmingham Dental Hospital in July, but was immediately replaced by Mrs. S. M. Gwyer, B.D.S. Mr. E. M. Rowley, B.D.S., who was a part-time Dental Officer in the Stourbridge area, decided in March to request a full-time position. This was gladly agreed to. In May, Mrs. R. I. Thomas, L.D.S., was appointed part-time Dental Officer in the Evesham Clinic.

The resignation of Dr. D. Nicholas, M.B., Ch.B., was received. Dr. Nicholas had acted as County Anaesthetist in a part-time capacity since 1967, proving herself to be a most competent and popular member of the staff. Though her resignation must be received with regret we wish her joy and happiness with the impending increase in her family.

The staffing ratio of Dental Surgery Assistants remains satisfactory. Five full-time, one part-time and one temporary Dental Surgery Assistants were appointed. Resignations were received from five full-time Dental Surgery Assistants.

Mr. K. E. Nicholas, L.D.S., Deputy Principal School Dental Officer, is to be congratulated on obtaining the Diploma in Dental Public Health, Royal College of Surgeons, and the Diploma in Dental Health, University of Birmingham. His new found knowledge is already being put to good use in preparing a comparative survey of the Evesham and Pershore areas.

One of the most successful ventures that the School Dental Service has made this year has been the greatly increased efforts to treat and advise the pupils of the Special Schools and Training Centres in the County. In the past this group of young people were, often, underprivileged and in many ways denied an equal share of the services available. Though this should not be so it was not surprising as these cases presented, because of their medical conditions, special problems and, of course, demanded much time, a commodity very scarce in an overloaded service.

It was decided that one person should be responsible for this specialised work and in Mr. K. E. Nicholas, my Deputy, I found a person who had a flair for handling these cases. A mobile dental clinic was made available so that the surgery could be taken to the school itself and eliminate the difficulty of transport and the consequent time spent by the school staff supervising the children while en route and awaiting treatment or return transport to the School or Centre.

At the same time a very full programme of Dental Health Education was carried out. Each child was given a toothbrush, toothpaste and a tooth mug. Mrs. L. L. Ansfield, the Hygienist, devoted much time in giving instruction to the children and advising the staff. The response, co-operation and assistance received from the Heads and their staffs was far more than ever anticipated and made the whole project so much easier to carry out.

A statistical survey on the effect of every intense Dental Health Education on these children was made. Though the results were not expected to show any decrease in dental decay they did show a very marked improvement in oral hygiene and gingival condition.

Tannenbaum and Miller (1960) suggested that those who are mentally retarded are more prone to gingivitis. The reduction of gingivitis was 25% and an overall improvement in oral hygiene was over 30%. This improvement was observed in only six months.

One other fact that came out was that after the children became familiar with the mobile clinic and the dental staff became known to them, many developed into remarkably good and co-operative patients so that some quite advanced and sophisticated dental procedures were carried out. This took a degree of perseverance and a great deal of time on the part of Mr. Nicholas and his helpers. Time that could never be assessed on an "output" or "work done" return. Time that could not have been afforded on a "piece work" basis but time that was well spent in order that the dental health of these most deserving cases could be improved.

This year's work has convinced me beyond any doubt that this type of case must be treated. It is contended that over the years there will be an increase in the number of mentally and physically handicapped children due to the advancement of medical science and we must be prepared to expand this particular service.

Because of the time involved this type of treatment can only be carried out by a salaried Dental Service. No matter what the future holds for dentistry I can only hope that there will continue to be a Dental Service for what is known as the Priority Classes and that much thought and compassion will be given in deciding what will constitute these classes.

Clinics

The County purchased a new mobile dental clinic in the latter part of 1970. This was put into service in the Kidderminster/Tenbury area, and the older unit is now being used to serve the outlying schools in urban areas.

In February, the Westhill Clinic opened to replace the old Hagley Road Clinic at Stourbridge. This is a much improved purpose built clinic with three surgeries, including an orthodontic surgery, also a larger laboratory where now all aspects of dental mechanics are carried out.

In conclusion I would take this opportunity to thank the Chairmen and the Education Children's Care Sub-Committee for their support, and Dr. Willins for his advice. To all the Dental Officers and staff of the Dental Section for their conscientious work and to all the Headmasters and Headmistresses for their help and co-operation.

Dental Inspection, Treatment and Attendances

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	8,628	7,279	1,605	17,512
Subsequent visits	7,857	11,662	2,699	22,218
Total visits	16,485	18,941	4,304	39,730
Additional courses commenced ..	745	538	33	1,316
Fillings in permanent teeth	9,013	17,936	4,912	31,861
Fillings in deciduous teeth	10,716	768		11,484
Permanent teeth filled	7,097	14,874	4,242	26,213
Deciduous teeth filled	9,387	712		10,099
Permanent teeth extracted	301	1,560	345	2,206
Deciduous teeth extracted	6,791	1,939		8,730
General anaesthetics	1,122	459	39	1,620
Emergencies	485	309	88	882

Number of pupils X-rayed	..	..	458
Prophylaxis	..	..	3,370
Teeth otherwise conserved	..	..	2,537
Teeth root filled	..	..	70
Inlays	..	..	3
Crowns	..	..	53
Courses completed	..	..	16,547

Orthodontics

New cases commenced during the year	344
Cases completed during the year	238
Cases discontinued during the year	61
Number of removable appliances fitted	547
Number of fixed appliances fitted	—
Number of pupils referred to Hospital Consultants	1

Prosthetics

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Number of pupils fitted with dentures for the first time :				
(a) with full denture	—	—	—	—
(b) with other dentures	2	16	9	27
Number of dentures supplied (first or subsequent time)	2	25	16	43

Inspections

(a) First inspection — school	57,862
(b) First inspection — clinic	2,724
No. of (a) and (b) requiring treatment	40,531
Number of (a) or (b) offered treatment	29,232
(c) Re-inspection — school or clinic	12,326
Number of (c) requiring treatment	7,562

Sessions

Sessions devoted to treatment	4,926
Sessions devoted to inspection	440
Sessions devoted to Dental Health Education	430

Tuberculosis and its Prevention

Notification of Tuberculosis in Children of School Age

Dr. R. C. Cronin, Chest Physician to the Birmingham Regional Hospital Board and Senior Tuberculosis Officer to the Local Health Authority comments as follows :

Years	Respiratory		Non-Respiratory		Both Forms	
	Number	Rate/1000	Number	Rate/1000	Number	Rate/1000
Average 1955-59	13	0.21	5	0.08	18	0.29
Average 1960-64	6	0.10	2	0.04	8	0.13
Average 1965-69	3	0.05	1	0.01	4	0.06
1970	3	0.04	1	0.01	4	0.06

This table shows that little change has taken place in the incidence of tuberculosis in school children during 1970.

An earlier table shows that the B.C.G. vaccination programme continues very satisfactorily and gives protection to a large proportion of the younger community. The programme also has value in case-finding and this has been well demonstrated in one case this year. Certain grades of positive reactors have chest x-rays and although few active cases are picked up, in this case the child concerned was found to have an active tuberculous lesion requiring treatment. This, in turn led to the finding of a sputum positive adult case, and several other positive reactors amongst young children contacts.

Although the figures for the year are satisfactory, the steady figures of new cases and positive reactors show that there is no room for complacency.

Handicapped Children

Report by Gwen. S. Clark, M.B., CH.B., D.OBST. R.C.O.E., D.P.H.
Senior Medical Officer School Health Service

No new special schools were opened during 1970, but there was a lot of activity in the field of special education with the Committee considering and approving plans for the education on a day basis of physically handicapped maladjusted pupils.

On the *physically handicapped* side this was a continuation of the work that was started in 1969 following the receipt of circular 11/69 from the Department of Education and Science. Towards the end of the year the Committee approved the submission of plans to the Department for a day school for physically handicapped pupils to serve the needs of the northern half of the County. It is hoped that this will be approved to start in 1972-73. In addition negotiations have been continuing with the City of Worcester L.E.A. for the re-building of Rose Hill Open Air School in Worcester City as a day school for physically handicapped children to serve the needs of Worcester City children and children in the southern half of Worcestershire and Herefordshire. During the next few years placement of physically handicapped children who are coming up to school age will present difficulties. In addition the provision of nursery education in these new schools will be of great benefit to the children and will enable their experience to be widened at a younger age than at present. It has proved possible to integrate a few of these heavily handicapped children into ordinary infant schools and I would like to say how very much the help given by the Head and class teachers has been appreciated. Whether it will be possible to transfer these children to Middle Schools remains to be seen because many have learning difficulties as well as their physical handicap. At the moment the question of attaching a hostel for weekly boarding to one of the schools has not been approved but I feel it will be required as the children get older and heavier and more difficult to transport daily.

Maladjusted children. The report from the Child Guidance Service gives an account of the work with these children. Provision for their education has been considered in detail by the Committee during 1970. The principle has been accepted that the initial provision should be day adjustment classes for maladjusted children in six centres of the County. The provision of these will be staggered over the next few years. The children will remain on the roll of their ordinary school and the objective will be to return the children to their ordinary schools on a full time basis as soon as possible. Attendance at the day centres is to be on a part-time basis for the majority of children. The aim with this provision is to treat the children in their home environment. Suitable residential placement within a reasonable radius is becoming virtually impossible so the plan of the Committee to establish a residential special school in the County is welcome.

The Education (Handicapped Children) Act 1970 received the Royal Assent on July 23rd, 1970. Section 57 of the Education Act 1944 is repealed and all handicapped children will now be examined under Section 34 of the Education Act. Transfer of the five Junior Training Centres to the Education Department will take place on April 1st, 1971 and they will then become special schools. In addition two hospital special schools will be established at Lea Castle Hospital, Wolverley and Lea Hospital, Bromsgrove. These will be run by the County Education Officer on hospital premises. The ultimate objective is the integration of these new special schools with the existing special schools for educationally subnormal pupils. A new special school is planned for Redditch which will accommodate 100 educationally subnormal children and 45 severely subnormal children. This school will be very welcome because the increase in population in Redditch from overspill is presenting problems of placement.

Return of Handicapped Children

Part I

During the calendar year ended 31st December, 1970			Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	Total
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A	Number of handicapped children who were newly assessed as needing special educational treatment at special schools or in boarding homes	boys	2	2	1		10	6	9	76			106
		girls				1	4	1	2	13			21
B	Number of Children who were newly placed in special schools (other than hospital special schools) or boarding homes	(i) of those included at A above	1	1	1		5	2	2	17			29
		boys				1	2	1	1	8			13
		(ii) of those assessed prior to January 1970		3	1		2	1	11	51			69
		boys								31			31
		(iii) Total newly placed—B (i) and (ii)	1	4	2		7	3	13	68			98
		boys				1	2	1	1	39			44

Part II

Children Found Unsuitable for Education at School

During the calendar year ended 31st December, 1970 :

- (i)

Number of children who were the subject of new decisions recorded under Section 57 of the Education Act, 1944

.. .. . 35
- (ii)

Number of reviews carried out under the provisions of Section 57A of the Education Act, 1944

.. .. . NIL
- (iii)

Number of decisions cancelled under Section 57A(2) of the Education Act, 1944

.. .. . NIL

Part III

On 21st January, 1971, number of children from the Authority's area :			Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	(11)
Awaiting places in special schools other than hospital special schools:													
Under 5 years of age	Waiting before 1.1.70	(a) day places	boys										
			girls										
		(b) boarding places	boys										
			girls										
	Newly assessed since 1.1.70	(a) day places	boys				2						2
			girls				1						1
		(b) boarding places	boys										
			girls										
A Aged 5 years and over	(i) Waiting before 1.1.70 (a) whose parents had refused consent to their admission to a special school	(a) day places	boys							2			2
			girls							3			3
		(b) boarding places	boys				1	1		1	1		4
			girls					1					1
		(a) day places	boys							12			12
			girls							5			5
		(b) boarding places	boys		1			1	5	3			10
			girls							1			1
	(ii) Newly assessed since 1.1.70 (a) whose parents had refused consent to their admission to a special school	(a) day places	boys										
			girls							3			3
		(b) boarding places	boys							3			3
			girls										
		(a) day places	boys							48			48
			girls							3			3
		(b) boarding places	boys				1	4	12	11			28
			girls						2	2			4
Total awaiting admission to special schools other than hospital special schools	(a) day places		boys				2			62			64
			girls				1			14			15
	(b) boarding places		boys		1		2	6	17	18	1		45
			girls					1	2	3			6

Part III (continued)

On 21st January, 1971, number of children from the Authority's area :			Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	(11)	
B On the registers of :	(i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	(a) day boys	1	9	6	1	20	1	1	196			235	
		girls			1	2	13			162			178	
		(b) boarding boys		5	1		5		2	96			109	
		girls		2		1	6	1		25			35	
	(ii) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	(a) day boys	3				1						4	
		girls												
		(b) boarding boys	8	1	1	2	1	4	4	13	2	1	37	
		girls	6		4	1	3			2	1		17	
	(iii) Independent schools under arrangements made by the Authority	(a) day boys			1	4							5	
		girls				1							1	
		(b) boarding boys			5			7	21				33	
		girls			3	2	1	2	6				14	
	(iv) Special classes and units not forming part of a special school	boys												
		girls												
	C Boarded in homes and not already included in B above	boys							3	2				5
		girls							1					1
D Number of handicapped pupils (irrespective of the area to which they belong) being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944	(i) in hospitals	boys												
		girls												
	(ii) in other groups <i>e.g.</i> units for spastics, etc.	boys												
		girls												
	(iii) at home	boys					2				1		3	
		girls			2		2	1					5	
E Total number of handicapped children requiring places in special schools; receiving education in special schools; independent schools; special classes and units; under Section 56 of the Education Act, 1944: and boarded in Homes.	boys	12	16	14	7	33	21	47	385	4	1	540		
	girls	6	2	10	7	26	6	8	206	1		272		

Handicapped Pupils

Number of Children in Special Schools 1961—1970

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Blind	14	13	12	13	15	14	14	14	15	18
Partially Sighted	15	13	13	16	15	9	12	14	11	17
Deaf	22	23	22	23	28	26	25	26	25	22
Partially Hearing	18	19	21	23	26	23	23	18	15	14
Delicate	11	17	12	15	19	18	19	21	20	15
Physically Handicapped ..	39	38	34	38	42	36	43	41	41	50
Speech Defects	—	—	—	1	—	—	—	—	1	1
Educationally Sub-Normal	219	221	291	308	315	278	314	396	444	494
Maladjusted	17	17	20	24	35	33	36	32	26	34
Epileptic	11	15	14	8	9	6	5	5	5	3
Totals ..	366	376	439	469	504	443	491	567	603	668
School Population .	64,962	64,809	66,064	67,119	68,286	61,677	64,000	66,011	68,574	71,663

Maintained Special Schools

The opening at the beginning of last year of the Vale of Evesham Boarding/Day Special School brought the Authority's total of schools for slow learning pupils to five. The two providing residential accommodation are The Rhydd Court School which boards 78 boys and The Vale of Evesham School which ultimately will accommodate 60 boarders (junior boys and girls and senior girls) and 40 day boys and girls. The other three are the Halesbury, Stourminster and Rigby Hall day special schools, each of which accommodate 100 slow learning boys and girls. In addition the Authority have 25 places reserved for their use in the City of Worcester Authority's Thornton House School.

As was anticipated last year the Warley L.E.A. ceased this year to require its 50 places at the Halesbury Day Special School. This has enabled the Authority to revise the catchment areas of the Halesbury, Rigby Hall and Stourminster schools. It has now, therefore, been provided that Halesbury School will henceforward serve primarily the Halesowen and Stourbridge Education Districts, that Stourminster School will serve primarily the Kidderminster, Bewdley, Stourport and Tenbury Education Districts, and that the Rigby Hall School will serve primarily the Bromsgrove, Redditch and Droitwich Education Districts.

The growth of Redditch and Droitwich will eventually require the provision of another day special school for slow learning boys and girls in Redditch as Redditch becomes large enough to support such a school from its own population. The accommodation so released at Rigby Hall School will be adequate to serve the needs of the enlarged town of Droitwich. With this in mind the Department of Education and Science have been asked to sanction the inclusion of the Redditch new school in the design list 1970-71, with a view to starting building in 1971-72. It is now proposed that this school be one for 145 (instead of 100) slow learning pupils, for reasons which follow.

The year has been marked by the passing of the Education (Handicapped Children) Act 1970 to give effect from 1st April, 1971 to the transfer of responsibility to L.E.A.'s for the education of mentally handicapped pupils, formerly the responsibility of Health Authorities. The Education Authority have, therefore, during this year given some thought to their prospective new responsibility for mentally handicapped pupils. They have noted that, so far as they are concerned, this will mean their taking over five existing junior training centres at Bromsgrove, Evesham (junior section of the all-age training centre), Halesowen, Kidderminster and Worcester and two hospital schools at Lea Hospital, Bromsgrove, and Lea Castle Hospital, Kidderminster. They have declared as their ultimate objective the integration of the junior training centres with existing special schools for slow learning children. They see no difficulty in establishing this principle from the start at Redditch where there is neither a day special school for slow learning pupils nor a junior training centre at present. They, therefore, have proposed to the Department of Education and Science that the Redditch project be for one combined school for 145 slow learning pupils (100 educationally sub-normal and 45 mentally handicapped). Their objective of integration has been further reflected in their proposal to rebuild the Bromsgrove junior training centre in new buildings forming extensions to the existing Rigby Hall School for slow learning pupils, and they plan that the building of these extensions should start in the financial year 1970-71. They further plan new buildings for the junior pupils of the present all-age Evesham Training Centre as extensions to the Vale of Evesham School for slow learning pupils, and hope that it may be possible to make a start with this project during 1971-72. The remaining junior training centres at Halesowen, Kidderminster and Worcester will be established as separate special schools but will be encouraged to see that they have a community of purpose and interest with the existing Halesbury, Stourminster and Thornton House special schools respectively and to establish links with them.

The year has also seen the formulation of plans for the provision of schools for physically handicapped pupils including those suffering from spina bifida. Negotiations have taken place with the City of Worcester L.E.A. with a view to the County Authority taking up places at the rebuilt Rose Hill School if the Department of Education and Science approve the City Authority's proposal to replace the Rose Hill School with a day special school for 120 physically handicapped boys and girls (100 of statutory school age plus 20 of pre-school age). This project is one on which it is hoped it may prove possible to make a start during 1972-73. In addition the Authority have submitted a proposal to the Department of Education and Science to make a start also during 1972-73 with their own day special school for 120 physically handicapped pupils aged 3 to 16 to serve northern areas of the county. At the time of writing this report the outcome of these submissions to the Department of Education and Science is not known.

Finally the year has seen an increase in the establishment of educational psychologists from three to four and the establishment in temporary premises in the City of Worcester's Moor Street Clinic of an experimental centre for the teaching of autistic children, children with gross anxiety symptoms and school phobic children. This centre is conceived as an experimental venture from which experience will be derived which will be of value to the Authority next year when they propose to consider provision in the county generally for maladjusted pupils.

Speech Therapy

by

Miss R. M. Bourke, L.C.S.T.

Senior Speech Therapist

There has been more than the usual number of changes in the speech therapy service since Miss Jenkinson wrote the last annual report.

Miss Jenkinson herself left the County to take up an appointment at the National Hospital for Throat, Nose and Ear in London. She did a very great deal to build up the service while she was here. We thank her and wish her every success.

Miss Twist left to get married and Mrs. Tripp left to work nearer her home. They both did excellent work while they were here.

At the beginning of April, Mrs. Cadman was appointed as a full-time member of staff. Miss Hall started work in October. Mrs. Souch came to us on a part-time basis in November. Mrs. Cooper and Mrs. McMasters now both do some sessional work.

New clinics were opened at Bewdley, Stourport, Cradley and Halesowen. Catshill and Wythall were closed.

Mrs. Scott, who is Senior Assistant, is especially concerned with the co-ordination of Bromsgrove and Stourbridge has now joined in the scheme for children attending special schools.

In each of the five special schools in the County the speech therapist concerned not only sees and treats each of the children with speech defects but enlists the help of a clinical assistant. This is a member of the school staff usually an assistant matron, a secretary or a nursery assistant, nominated by the school who is specially trained by the speech therapist to carry out speech practice with the children during the week.

The clinical assistants attend all therapy sessions. Mrs. Scott and myself find their help invaluable, not only because they do so much good work with the practice but also because of their daily contact with and observation of the children. Without their help it would be very difficult indeed to establish the standard of treatment that is necessary to deal effectively with the special needs of these schools.

With the co-operation of the Junior Training Centres it has been possible to make a start with the speech therapy needed in this field. We would like to say how much we appreciate the understanding and help we receive from the staff of the Junior Centres involved. It is hoped that ultimately the needs of all the Centres will be covered.

The speech therapy team owe a very great deal to Dr. Clark for her interest, encouragement and support. As always we are most grateful for this.

We thank all our colleagues both educational and medical for their help and co-operation over the year.

Speech Therapy Statistics, 1970

	Bewdley	Bromsgrove	Cradley	Droitwich	Evesham	Feldon Lane, Halesowen	Highfield Lane, Halesowen	Kidderminster	Malvern	Pershore	Redditch	Rubery	Stourbridge	Stourport	Tenbury	Worcester	Wythall	Catshill	Special Schools— Halesbury	Rhydd Court	Rigby Hall	Stourminster	Vale of Evesham	Training Centres— Bromsgrove	Tenterfields	Total
Number of Sessions	35	112	56	39	52	49	123	150	88	66	146	54	151	40	36	52	33	25	30	32	35	32	34	7	7	1484
Total Number of Treatments ..	240	496	486	185	495	259	553	769	619	418	855	186	821	223	324	333	236	132	362	319	332	256	270	70	56	9295
Discharged	7	24	6	4	11	8	18	36	13	8	39	5	26	5	7	10	8	4	5	2	4	5	4	—	—	259
Satisfactory Progress	4	22	4	2	9	5	14	29	9	6	28	5	18	4	4	7	6	2	5	2	4	5	4	—	—	198
Trans: left school or area ..	1	1	2	—	2	—	1	7	1	—	3	—	3	—	1	—	2	2	—	—	—	—	—	—	—	26
Failed to attend	2	1	0	2	—	3	3	—	3	2	8	—	5	1	2	3	—	—	—	—	—	—	—	—	—	35
Attending on 31.12.70	8	26	13	20	39	9	24	24	22	24	72	8	36	16	15	12	—	5	10	9	10	8	11	9	9	439
Waiting List	3	21	16	16	6	27	51	31	48	5	33	8	42	8	3	17	2	—	—	—	—	—	—	—	—	337
Total of Regular Cases ..	15	50	19	22	54	17	41	60	35	32	104	13	62	24	19	16	8	9	15	11	14	13	15	11	9	688

*Medical Examination of Entrants to Courses of Training for Teachers and
to the Teaching Profession*

Candidates for Admission to Training Colleges

Medical Category	Male	Female	Total
A1	59	178	237
A2	40	124	164
B1	—	5	5
B2	1	3	4
C	—	—	—
Total ..	100	310	410

Temporary Supply Teachers and Others

Medical Category	Male	Female	Total
A1	17	6	23
A2	8	6	14
B1	—	—	—
B2	—	—	—
C	—	—	—
Total ..	25	12	37

*Notes from Reports of Medical Officers in Department
The School Health Service
Kidderminster Divisional Area*

Dr. C. Starkie, Divisional School Medical Officer, Kidderminster

The long absence due to ill health of Dr. Markham has been partly eased by timely help from other Doctors employed by the County Council.

The School population has increased from 13,109 in 1969 to 13,617 in 1970 with a corresponding increase in the demands in the School Health Services.

The following table is the shortest, clearest method of showing much of the factual work of the year, and in nearly every particular instance is an increase on the previous year's figures.

<i>Medical Examinations</i>							1969	1970
Routine and re-inspections							4,227	4,347
Special Inspections							74	59
<i>Audiology</i>								
Sweep Tests in School							2,212	2,629
Clinic Attendances							298	486
<i>Immunisations</i>								
Diphtheria, Tetanus and Polio							2,653	2,840
Measles							129	289
Smallpox							137	200
B.C.G.							971	1064
<i>Verrucas Treated</i>							178	204

<i>Ophthalmic Clinics</i>							1969	1970
New patients seen	..	..	..	..	..	..	113	113
Re-examinations and Specials	..	..	..	..	..	..	296	307
<i>Teachers and Student Teachers Examined</i>	..	..	..	..	..	..	91	85
<i>Part-time Workers Examined</i>	..	..	..	..	..	Records not available		272
<i>Handicapped Children Seen</i>	..	..	..	..	..	..	82	63
<i>Enuretic Clinic</i>								
Children helped at Clinic	..	..	..	..	..	..	28	60
<i>Rotary Club Holiday, Weston-Super-Mare</i>								
Boys examined for fitness to take holiday	..	..	..	..	..	..	31	30

Dental Report on Area is under Dental Section, Page 91.

Deficiencies in the area, are :

1. *Nursery Schools for the under fives*

As there are no Council Day Nurseries in the area, the people themselves are trying to remedy this serious lack by organising privately run Play Groups of which there are now 22 registered as follows :

Kidderminster Borough	8 Play Groups (2 all day, 6 Sessional). 5 Child Minders.
Kidderminster Rural	5 Play Groups (Sessional). No Child Minders.
Bewdley Borough	2 Play Groups (Sessional). 3 Child Minders.
Stourport U.D.C.	6 Play Groups (Sessional). 15 Child Minders.
Tenbury R.D.C.	1 Play Group. No Child Minders.

2. *Lack of sufficient fluoride in the water supply*

Although permission for the fluoridation of water supplies was granted years ago, no move has been apparent by the water company to provide this valuable and relatively cheap service, and another generation who could have had sound teeth is condemned to extensive dental decay and all the ill health consequent to this.

Footwear

In the past we have noted that many teenagers wore too short, narrow pointed shoes and the girls had unsuitable heels. The present fashion of square toes and large, square, not so high heels, is excellent from the point of view of foot hygiene. We can only hope that this fashion has come to stay a long time.

In spite of the deficiencies remarked upon above, the children in the area have been in excellent health, they look fine, are full of spirit and it is a joy to work amongst them.

PART XIV

WELFARE SERVICES

NATIONAL ASSISTANCE ACT, 1948

Annual Report of the County Welfare Officer

Residential Accommodation

During the past year it has been possible to further the policy of the Welfare Sub-Committee of reducing the number of beds reserved for the County Council's use in Kidderminster General Hospital (Bewdley Road) and to relinquish all the reserved accommodation in Evesham General Hospital, Avonside Branch. By arrangement with the Hospital Management Committee all the accommodation at Avonside was closed on the 31st October.

The majority of the residents were transferred to the new home, Durcott Lodge, Church Street, Evesham, a smaller number moved to other County Council Homes to be in their home area.

Unfortunately the completion of the new home in Redditch has been delayed and completion is now expected in March 1971. It is intended to relinquish the remaining fifteen beds reserved for the County Council's use in Kidderminster General Hospital during 1971.

Efforts are still being made to find suitable sites for new homes for the elderly in various parts of the County and particularly in Kidderminster so that the revised plans for the long term development of the welfare services may be carried out. Work will be started on new homes to be built in Bromsgrove and Malvern during 1971 and the completion of these homes will make possible some reduction in the number of beds in the former Public Assistance Institutions, Heathlands, Pershore and Laburnum House, Upton-upon-Severn.

Registration and Inspection of Disabled Persons' and Old Persons' Homes

At the 31st December, 1970 there were 20 private and 3 voluntary homes for elderly persons and 2 voluntary homes for handicapped persons registered by the County Council under Section 37 of the National Assistance Act 1948, providing accommodation for 386 persons. Three new homes were registered during the year.

In addition two homes for the elderly are run by the British Red Cross Society providing accommodation for 38 people but these establishments are statutorily exempt from registration.

All the registered homes were inspected regularly to ensure that the residents were provided with good standards of accommodation and services. Any matters felt to be necessary for the benefit or safety of the residents were brought to the notice of the proprietors.

Sheltered Housing

At the end of 1970 there were 59 special housing schemes under the supervision of wardens covering 1,848 units, accommodating approximately 2,300 elderly people. Eighteen of these schemes are provided with common rooms.

It is anticipated that during 1971 a further 14 schemes will be completed, 5 with common rooms, adding another 423 units to the total provision. There are also 5 private schemes in the County providing 79 units of accommodation. A further 2 schemes are expected to be complete during 1971 adding another 40 units.

This provision continues to expand rapidly making a considerable contribution towards the care of the 'elderly' population in their own homes.

Flashing Lights

At the end of 1970, 492 flashing lights were installed. In 1971 an additional 338 are expected to be provided.

Clubs for the Elderly

There were 88 clubs of various types functioning in the County by the end of 1970. This figure includes 7 all day clubs, two of which opened during the year. A further all day club at Kidderminster is expected to open during 1971. These clubs, all run by voluntary agencies, make a valuable and much needed contribution to the well-being of elderly persons in the County. There are 6 Old People's Welfare Associations.

Meals on Wheels, Day and Luncheon Clubs

These services depend on voluntary effort subsidised financially by local authorities in the County and in continuing to expand existing facilities and production the voluntary workers are to be congratulated.

During 1970, 105,995 meals were taken into people's houses, achieving a rate of 2 or 3 meals per week, depending on area. This figure will continue to grow and a target of 5 meals per week for those in need has been set.

The number of meals served at clubs during 1970 was 34,927, almost 2,000 more than the previous year. This figure will increase during 1971 with the additional centres at Bewdley, Stourport and Kidderminster becoming operational.

Services to Disabled Persons
Registrations, Referrals and Visits

	No. Registered at 31st December		Referrals during	No. of visits during
	1969	1970	1970	1970
Blind	763	775	211	5,880
Partially-Sighted	148	157	62	438
General Classes	1,504	1,772	624	5,674
Deaf	143	146	10	1,069
Hard of Hearing	293	287	15	404

The above table shows the statistical return for 1970. For the first time the total number of referrals and visits are recorded in addition to the number of registered persons.

The increase of almost 18% in the number of persons registered as handicapped is significant in view of the Chronically Sick and Disabled Persons Act 1970. The number of persons registered in other categories has remained relatively stable as does the age distribution.

Employment

Four blind persons are employed in sheltered workshops and the number of home-workers has increased to 13 compared with 11 in 1969.

There are now three temporary work centres open on two or three days each week. One hundred and thirty persons of all categories of handicapped attend.

Domiciliary provision from these centres enable 105 handicapped persons to receive work in their own homes.

Two further centres are planned for 1971 and the Welfare Sub-Committee have approved the purchase of extra transport which will enable parts of the County not previously covered to receive the service.

The new retail shop for the sale of goods made by the blind and other handicapped persons at 35, The Tything, has fulfilled expectations and the gross income during 1970 was £5,800. This compares with £2,900 during the previous year's trading at the old shop.

Structural Alterations and Aids

With the increased number of persons registered as handicapped this provision has continued to increase during 1970; 618 aids were provided to 381 persons and 96 adaptations completed.

Social Activities

There are 12 social clubs and three associations for the handicapped. During the year the Worcestershire Association for the handicapped was formed with financial assistance from the County Council.

Disabled Drivers

During 1970, 33 new car badges were issued, making a total of 246. The badges are provided to assist disabled drivers overcome parking and traffic problems.

Social Work

A small increase in professional staff during the year has considerably improved the service offered to the public. Standards have been raised and the care and assistance provided more effective. Social work with the deaf has been maintained with the close co-operation of the Worcestershire and Herefordshire Association for Work Amongst the Deaf.

R. A. McDONALD
County Welfare Officer.

County Welfare Department,
25a The Tything,
Worcester.

PART XV

COMMITTEES
AND
SUB-COMMITTEES

Health Committee
(as at 31st December, 1970)

Chairman :	Mr. H. J. Tooby
Vice-Chairman :	Mr. C. A. Guise
The Chairman of the County Council :	Sir Michael Higgs, D.L.
The Vice-Chairman of the County Council :	Mr. H. M. Morgan
The Chairman of the Finance Committee :	Mr. J. H. Walker
The Vice-Chairman of the Finance Committee :	Mr. H. G. Pinner, O.B.E.

County Aldermen :

Dr. J. E. Blundell-Williams	Mrs. M. B. Matty
Mr. E. J. Broughton	Mr. J. G. Parker
Mr. A. E. Johnson	Mrs. H. C. M. Porter, O.B.E.

County Councillors :

Mr. W. J. Balderstone	Mr. F. S. Hunt
Mr. H. W. Bolter	Mr. B. D. Jones
Mr. W. S. Brettell	Mr. W. F. Kimberley
Mr. T. Camden	Mrs. E. J. D. Knight
Mr. E. G. Cash	Mr. W. J. Mapp
Mrs. E. M. Collinge	Mrs. O. A. L. Mills
Mrs. A. E. M. Davenport	Mrs. M. Overton
Mr. D. G. Dymott	Mr. W. G. Raggatt
Mrs. M. E. Gant	Mr. R. J. Scriven
Mr. D. Gittins	Mrs. M. B. Slade
Mrs. D. A. Greaves	Mr. M. W. Staite
Mrs. J. L. Guest	Mrs. M. B. Tibbenham
Mr. W. T. Hollis	Mr. E. A. W. Treadgold
Mr. E. Holloway	Mr. C. Willetts
Mr. J. Holloway	

Co-opted Members :

Miss F. E. Bailey, L.D.S.	}	Local Dental Committee
Dr. R. S. MacArthur		Local Medical Committee
Dr. T. Astley-Cooper		Mid-Worcestershire Hospital
Mrs. P. B. Harris		Management Committee
Dr. W. T. Astley		South Worcestershire Hospital
		Management Committee
Mrs. V. A. Wight-Boycott		Worcestershire Federation of Women's Institutes
Mr. J. R. Smith, M.P.S.		Worcestershire Pharmaceutical Committee
Lady Higgs		Women's Royal Voluntary Service

Public Health Sub-Committee :

Mr. W. J. Balderstone (Chairman)
Mr. W. S. Brettell (Vice-Chairman)

Mr. T. Camden	Mrs. E. J. D. Knight
Mr. E. G. Cash	Mr. J. G. Parker
Mr. D. G. Dymott	Mr. W. G. Raggatt
Mr. E. Holloway	Mr. R. J. Scriven
Mr. J. Holloway	Mrs. M. B. Slade
Mr. A. E. Johnson	Mr. M. W. Staite
Mr. W. F. Kimberley	
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the Finance Committee	

Co-opted Members :

Dr. T. Astley-Cooper	Local Medical Committee
Miss F. E. Bailey, L.D.S.	Local Dental Committee
Dr. R. J. Henderson	Director of the Public Health Laboratory, Worcester Royal Infirmary

Ambulance, Prevention and After-Care Sub-Committee :

Mr. E. J. Broughton (Chairman)
Mr. C. Willetts (Vice-Chairman)

Mr. H. W. Bolter	Mr. W. J. Mapp
Mr. E. G. Cash	Mr. J. G. Parker
Mrs. J. L. Guest	Mrs. H. C. M. Porter, O.B.E.
Mr. J. Holloway	Mr. W. G. Raggatt
Mr. A. E. Johnson	Mr. M. W. Staite
Mr. B. D. Jones	Mr. E. A. W. Treadgold
Mrs. E. J. D. Knight	
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

Co-opted Member :

Dr. T. Astley-Cooper	Local Medical Committee
Miss F. E. Bailey, L.D.S.	Local Dental Committee
Dr. R. S. MacArthur	Local Medical Committee
Mrs. A. J. Brewer	St. John Ambulance Brigade
The Rt. Hon. Lord Sandys	British Red Cross Society
The Chairman of the South Worcestershire After-Care Committee (Mrs. R. H. Stallard)	
Mr. J. R. Smith, M.B.S.	Worcestershire Pharmaceutical Committee

Health, Finance, Staffing and General Purposes Sub-Committee :

The Chairman of the County Council
The Vice-Chairman of the County Council
The Chairman of the Health Committee (Chairman)
The Vice-Chairman of the Health Committee
The Chairman of the County Finance Committee
The Vice-Chairman of the County Finance Committee
The Chairmen of the following Sub-Committees :
 Public Health
 Maternal and Child Health
 Ambulance, Prevention and After-Care
 Mental Health
 Welfare

Maternal and Child Health Sub-Committee :

Mrs. H. C. M. Porter, O.B.E. (Chairman)
Mrs. M. B. Matty, (Vice-Chairman)

Mr. H. W. Bolter	Mrs. E. J. D. Knight
Mr. E. J. Broughton	Mr. W. J. Mapp
Mrs. E. M. Collinge	Mrs. O. A. L. Mills
Mrs. A. E. M. Davenport	Mrs. M. Overton
Mrs. M. E. Gant	Mrs. M. B. Tibbenham
Mr. D. Gittins	Mr. E. A. W. Treadgold
Mrs. D. A. Greaves	Mr. C. Willetts
Mr. J. Holloway	
The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

Co-opted Members :

Dr. W. C. Astley	South Worcestershire Hospital Management Committee
Dr. R. S. MacArthur	Local Medical Committee
Mr. J. R. Smith, M.P.S.	Worcestershire Pharmaceutical Committee
Mrs. V. A. Wight-Boycott	Worcestershire Federation of Women's Institutes

Mental Health Sub-Committee :

Mr. A. E. Johnson (Chairman)
Mrs. M. B. Slade (Vice-Chairman)

Mrs. E. J. Broughton
Mrs. A. E. M. Davenport
Mrs. M. E. Gant
Mrs. D. A. Greaves
Mrs. J. L. Guest
Mr. W. T. Hollis
Mr. F. S. Hunt
Mr. W. J. Mapp
Mrs. M. B. Matty

Mrs. O. A. L. Mills
Mrs. M. Overton
Mr. J. G. Parker
Mrs. H. C. M. Porter, O.B.E.
Mr. W. G. Raggatt
Mr. R. J. Scriven
Mr. M. W. Staite
Mrs. M. B. Tibbenham
Mr. E. A. W. Treadgold
Mr. C. Willetts

The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

Co-opted Members ;

Dr. T. Astley-Cooper
Mrs. P. B. Harris

Local Medical Committee
Mid-Worcestershire Hospital Management
Committee

Mrs. R. Lane
Dr. R. S. MacArthur
Mr. H. Hardwick

Local Medical Committee

Welfare Sub-Committee :

Mr. J. G. Parker (Chairman)
Mrs. A. E. M. Davenport (Vice-Chairman)

Mr. H. W. Bolter
Mr. W. S. Brettell
Mr. E. J. Broughton
Mr. T. Camden
Mr. E. G. Cash
Mrs. E. M. Collinge
Mr. D. G. Dymott
Mrs. M. E. Gant
Mr. D. Gittins
Mrs. D. A. Greaves
Mrs. J. L. Guest
Mr. W. T. Hollis
Mr. J. Holloway
Mr. F. S. Hunt

Mr. B. D. Jones
Mr. W. J. Mapp
Mrs. M. B. Matty
Mrs. O. A. L. Mills
Mrs. M. Overton
Mrs. H. C. M. Porter, O.B.E.
Mr. W. G. Raggatt
Mr. R. J. Scriven
Mrs. M. B. Slade
Mr. M. W. Staite
Mrs. M. B. Tibbenham
Mr. E. A. W. Treadgold
Mr. C. Willetts

The Chairman of the County Council	} ex-officio
The Vice-Chairman of the County Council	
The Chairman of the Health Committee	
The Vice-Chairman of the Health Committee	
The Chairman of the County Finance Committee	
The Vice-Chairman of the County Finance Committee	

Co-opted Members :

Mr. R. G. Addenbrooke
Mrs. J. Hawkes, British Red Cross Society
Lady Higgs, W.R.V.S.
Mrs. R. Lane

Lt.-Col. O. W. D. Smith, D.L.
Mr. H. T. Stephens, Worcs. Assoc. for the Blind
Mrs. V. A. Wight-Boycott, Worcs. Fed. of Women's
Institutes

Education Committee :

(as at 31st December, 1970)

Chairman
Vice-Chairman
The Chairman of the County Council
The Vice-Chairman of the County Council
The Chairman of the Finance Committee
The Vice-Chairman of the Finance Committee

Mrs. J. E. Talbot (County Alderman)
Mr. M. C. Meikle
Sir Michael Higgs, D.L.
Mr. H. M. Morgan
Mr. J. H. Walker
Mr. H. G. Pinner

County Aldermen :

Sir Hugh Chance	Mr. H. Nettlefold
Mr. E. Gittus	Mr. W. Perrins
Mr. J. Hughes	

County Councillors :

Mr. K. D. Beckett	Mr. A. E. Johnson
Mr. J. Bradford	Mr. W. F. Kimberley
Mr. E. G. Cash	Sir Berwick Lechmere
Gp. Capt. J. P. Cecil-Wright	Mr. W. F. Marshall
Mr. D. D. Chopping	Mrs. G. E. Mills
Mr. W. A. Edwards	Mr. J. T. O'Reilly
Mr. D. Gittins	Mrs. C. W. Potter
Mrs. C. N. C. Graham	Mr. T. H. D. Powell
Mrs. F. E. Guest	Mrs. E. J. Redfern
Mr. E. S. Hinton	Mr. S. Wheelton
Mr. W. T. Hollis	

Nominated Members :

Mr. L. C. Bailey	The Rev. Dr. E. K. H. Jordan, M.A.
The Rev. Canon J. G. Barnish	Mr. R. E. Lewis
Prof. D. R. Dudley	Mr. G. MacDonald

Selected Members ;

The Rev. A. J. Adams	Dr. F. E. Dawes
Mrs. C. G. F. Anton	Mr. D. W. Douglas
Mr. G. Scott-Atkinson	Mr. W. J. Richards
Mr. D. H. Bramley	Mr. P. J. E. Salmon
The Rev. Canon Gideon Davies	One vacancy

Education, Children's Care Sub-Committee ;

	Mrs. E. J. Redfern (Chairman)	
The Rev. A. J. Adams	Mrs. C. N. C. Graham	
Mrs. C. G. F. Anton	Mrs. F. E. Guest	
Mr. K. D. Beckett	Mr. W. T. Hollis	
Mr. J. Bradford	The Rev. Dr. E. K. H. Jordan, M.A.	
Mr. D. D. Chopping	Mr. R. E. Lewis	
The Rev. Canon Gideon Davies	Mr. H. Nettlefold	
Dr. F. E. Dawes	Mrs. P. J. E. Salmon	
The Chairman of the County Council	}	ex-officio
The Vice-Chairman of the County Council		
The Chairman of the Finance Committee		
The Chairman of the Education Committee		
The Vice-Chairman of the Education Committee		
The Chairmen of the following Sub-Committees :		
Sites and Buildings		
Further Education		
Youth		
Agricultural Education		
County Library		
Museum		
School Management		
School Meals		
Planning and Development		
Finance and General Purposes		

PART XVI

STAFF

Dental Officers

Miss S. F. Burton, B.D.S.
D. M. Christie, L.D.S.
F. V. Frank, L.D.S.
Mrs. P. Goff, B.D.S. (Part-time) (Resigned 4.3.70)
Mrs. M. E. Hiscock, B.D.S. (Part-time)
Dr. E. B. Mitchell, M.B., B.S., B.D.S.
E. N. Rowley, B.D.S. (Part-time) (Appointed Full-time 1.4.70)
F. A. Trent, L.D.S., R.C.S., Eng.
Mrs. P. B. Trent, L.D.S., Eng.
Miss R. H. Whitaker, B.D.S., (Resigned 30.6.70)

Anaesthetist

Dorothy Nicholas, M.B., Ch.B. (Part-time) (Resigned 22.12.70)

Orthodontist

Mrs. M. A. Tibbatts, L.D.S., (Part-time)

Dental Auxiliary

Mrs. D. M. Hipkiss

Dental Hygienist

Mrs. L. L. Ansfield

Senior Dental Technician

Mr. C. A. Smith

County Public Health Inspector

R. Colenso, M.R.S.H., F.I.P.H.E., F.A.P.H.I.

County Ambulance Officer

G. C. Hutchison

Deputy County Ambulance Officer

S. Ogden

Ambulance Training Officer

F. S. Ballard

Ambulance — Radio Control — 18.

Educational Psychologists

A. C. Smith, M.A.
D. E. Struggles, B.A.
T. J. Jellis, B.A.
Mrs. R. M. George, B.A. (Appointed 1.1.70)

Senior Psychiatric Social Worker

I. Malcomson, B.A. (Econ.) (Hons.), A.A.P.S.W.

Psychiatric Social Workers

Miss A. E. Ridgeway, B.A. (Hons.), S.S.D.
Mrs. M. Llewellyn, B.A. (Social Admin.), A.P.S.W., Dip.M.H. (Part-time)
R. G. Morgan, C.S.W.

Social Worker

Mrs. J. E. M. Bill, B.A. (Econ.), (Hons.), (Part-time)

County Staff

County Medical Officer of Health and Principal School Medical Officer

J. D. Willins, M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer

N. M. Bailey, M.D., M.Sc., D.P.H.

Senior Medical Officer, School Health Service

Gwen S. Clark, M.B.Ch.B., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer, Maternal and Child Health

Isobel J. McLarty, M.B., Ch.B.

Divisional Area Medical Officer of Health, Kidderminster

C. Starkie, M.D., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

Senior Medical Officers in Department and School Medical Officers

Moira K. E. Allington, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H.
Aitolia English, M.B., B.S., M.R.C.S., L.R.C.P.

Medical Officers in Department and School Medical Officers

Clarice E. Butler, M.B., Ch.B.

Margaret C. Davies, L.R.C.P., M.R.C.S., M.B. (resigned 31.5.70)

Esther M. Devlin, M.B., B.Ch., D.P.H., L.M. (Part-time)

*H. F. Green, M.A., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Muriel R. Green, M.B., Ch.B.

Esme S. Jenkins, M.B., B.Ch., D.Obst.R.C.O.G. (Part-time)

Kathleen M. Joanes, M.B., Ch.B., D.Obst.R.C.O.G. (Part-time)

*D. R. McCaully, B.A., M.D., B.Ch., B.A.O., D.P.H.

*R. W. Markham, B.A., M.B., B.Ch., D.P.H.

*C. H. Phillips, M.R.C.S., L.R.C.P., D.P.H.

*L. S. Stephens, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Essilt Thomas, M.B., Ch.B.

*D. E. Thompson, O.B.E., M.B., B.Ch., M.R.C.S., L.R.C.P., D.T.M. & H., D.P.H.

*J. Twomey, M.B., B.Ch., B.A.O., D.T.M. & H., D.P.H.

P. B. Williams, T.D., M.B., Ch.B.

Lilian M. A. Wright, M.B., Ch.B.

Senior Consultant Chest Physician

†R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

Consultant Chest Physician

†S. Z. Kalinowski, M.D., M.R.C.P.E.

Ophthalmologists (part-time)

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon.)

C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.)

J. A. Cox, M.B., B.S., D.O. (Eng.)

J. L. Pearce, M.B., Ch.B., D.O. (Eng.)

R. D. Calcott, M.B., B.S., D.O. (Lond.)

Consultant Psychiatrist

†T. K. MacLachlan, M.B., Ch.B., M.R.C.P.E., D.P.M.

Chief Dental Officer and Principal School Dental Officer

C. W. D. Jones, B.D.S.

Deputy Chief Dental Officer and Deputy Principal School Dental Officer

K. E. Nicholas, L.D.S., R.C.S. Eng.

Divisional Dental Officers

J. Egremont, L.D.S.

Miss R. J. H. Sammons, L.D.S., R.C.S. Eng.

Occupational Therapists

Mrs. M. L. O'Neill, Dip.A.O.T. (Appointed 1.10.70)

Miss R. J. Young, S.R.O.T. (Resigned 31.12.70)

Mrs. H. M. Cook, S.R.O.T. (Part-time)

Mrs. D. M. Hall, S.R.O.T. (Part-time) (Resigned 28.3.70)

Mrs. P. Brown, M.A.O.T. (Part-time) (Appointed 21.4.70)

Senior Speech Therapists

Miss J. D. Jenkinson, L.C.S.T. (Resigned 31.3.70)

Miss R. M. Bourke, L.C.S.T. (Appointed 1.4.70)

Speech Therapists

Mrs. L. F. Cadman, L.C.S.T. (Appointed 8.4.70)

Miss C. A. Hall, L.C.S.T. (Appointed 1.10.70)

Mrs. E. C. Scott, L.C.S.T.

Mrs. S. V. Tripp, L.C.S.T. (Resigned 31.12.70)

Miss S. R. Twist, L.C.S.T. (Resigned 3.7.70)

Mrs. A. Cooper (Part-time) (Appointed 21.9.70)

Mrs. C. A. McMaster, (Part-time) (Appointed 3.11.70)

Mrs. P. S. J. Souch (Part-time) (Appointed 16.11.70)

Physiotherapists

Mrs. D. G. Perry-Keane, M.S.C.P. (Part-time) (Resigned 31.3.70)

Mrs. M. Hunt, M.C.S.P., O.N.C. (Part-time)

*Also District Medical Officer of Health.

†Part-time by arrangement with the Birmingham Regional Hospital Board.

Orthopaedic Sister

Mrs. K. J. Johnson, S.R.N., O.N.C., M.W.I.

Chief Chiropodist

H. D. Price, M.Ch.S., S.R.Ch.

Senior Chiropodists

G. S. Griffiths, M.Ch.S., S.R.Ch.

W. Cottingham, M.Ch.S., S.R.Ch.

Mrs. R. Scott, M.Ch.S. (Appointed 22.6.70)

Health Education Officer

J. N. Pitts, M.R.S.H., M.A.P.H.I., Dip.H.E.d (Lond.)

Nursing, Midwifery and Health Visiting

Chief Nursing Officer

Miss A. Kean, S.R.N., S.C.M., H.V.Cert., D.P.A.

Non Medical Supervisor of Midwives

Mrs. M. Allen, S.R.N., S.C.M., H.V.Cert., Queen's Nurse

Superintendent District Nurse

Mrs. E. J. Bryan, S.R.N., S.C.M., Queen's Nurse

Superintendent Health Visitor

Miss N. Hardiman, S.R.N., C.M.B. (I), H.V.Cert., M.I.O.Dip.

Nursing Officer for Health Education

Miss L. Mee, S.R.N., S.C.M., H.V.

Audiometric Health Visitors

Miss E. M. Andrews, S.R.N., S.C.M., Q.N., H.V.Cert.

Miss P. O. Viles, S.R.N., S.C.M., Q.N., H.V.Cert.

Mrs. J. A. Stewart, S.R.N., H.V.Cert. (Appointed 1.7.70)

In the County as at 31st December, 1970, the following staff were employed :

	<i>Full-time</i>	<i>Part-time</i>
Health Visitors and School Nurses	83	33
Midwives, District Nurse/Midwives, District Nurses	138	18
Nurses on Courses	7	—

Mental Health Service

Mental Health Administrative Officer

W. Phillips, LL.B.

Assistant Mental Health Administrative Officer

A. G. Willis

Area Mental Welfare Officers	5
Mental Welfare Officers	8
Female Mental Welfare Officers	3

Organiser of Training Centres

Mrs. M. Mitchell

Training Centres

	<i>Supervisor/Teachers in Charge and Managers</i>	<i>Supervisor/ Teachers and Instructors</i>	<i>Trainee</i>
Worcester Junior Training Centre	1	4	1
Evesham Junior Training Centre	1	1	1
Tenterfields Junior Training Centre	1	3	2
Bromsgrove Junior Training Centre	1	3	1
Kidderminster Junior Training Centre	1	4	2
Kidderminster Adult Training Centre	1	4	1
Netherend Adult Training Centre	1	3	—
Redditch Adult Training Centre	1	4	—
Staff on Training Centres	—	3	—
	<i>Superintendent</i>	<i>Matron</i>	<i>General Assistants</i>
Junior Hostel, Kidderminster	1	1	8

Senior Administrative Clerical Staff

Chief Administrative Officer

H. A. Rock

Chief Clerk
 J. A. Carter, (Died 4.3.70)

Deputy Chief Administrative Officer
 M. V. Dowse (Appointed 9.3.70)

Finance and Establisment
 L. J. Banning (Appointed 9.3.70)

Senior Clerks
 J. Holmes, D.P.A. (appointed 18.5.70); G. W. Nield, A.R.S.H.; F. H. Tyler; I. E. Collins; D. G. Bridgford; Miss M. Low; (Kidderminster Divisional Office); Mrs. J. Heaton.

Social Welfare
Home Help Service

County Organiser
 Miss D. M. Mercer

Area Organisers

Mrs. C. J. Barron	}	Halesowen/Stourbridge
Miss J. Clutterbuck (Appointed 1.5.70)		
Mrs. E. St. Claire-Johnson (Resigned 31.3.70)	}	Redditch/Bromsgrove
Mrs. A. Friend		
Miss P. Brewer		Droitwich/Martley/Malvern
Mrs. M. Staves		Evesham/Pershore/Upton
		Kidderminster/Stourport/Bewdley/Tenbury

Relief Area Organiser
 Miss E. M. Williams

Total number of Home Helps employed (Full or part-time basis) 459.

Welfare Services

County Welfare Officer
 R. A. McDonald, F.I.S.W.

Deputy County Welfare Officer (Transferred to Social Services Department, October, 1970)
 D. E. Makin, D.P.A.

Community Services Officer (Acting Deputy County Welfare Officer from October, 1970)
 G. G. Gatehouse, D.S.A., M.B.A.S.W.

Residential Services Officer
 D. A. Newton, D.M.A.

Senior District Social Welfare Officers
 R. Childs, M.B.A.S.W., Kidderminster.
 R. Brooks, M.B.A.S.W., Bromsgrove.
 R. T. Chambers, M.B.A.S.W., Worcester.
 Mrs. R. Popplestone, M.A., M.B.A.S.W., Halesowen.

Supervisor/Salesman — Blind Homeworkers' Scheme
 D. G. Major

<i>Homes for Old and/or Infirm Persons :</i>						<i>Beds</i>
Areley House, Stourport	..	..	..	..	..	45
Heathlands, Pershore	..	..	..	..	..	97
do. Annexe	..	..	..	..	..	15
The Heriotts, Droitwich	..	..	..	..	..	64
Holmwood, Kidderminster	..	..	..	..	..	63
The Howsells, Malvern	..	..	..	..	..	21
Laburnum House, Upton-on-Severn	..	..	..	..	..	150
Malvernbury, Malvern	..	..	..	..	..	26
Swinford Old Hall, Stourbridge	..	..	..	..	..	49
Shenstone, Halesowen	..	..	..	..	..	68
Durcott Lodge, Evesham	..	..	..	..	..	50
<i>County Council's reserved accommodation</i>						
Kidderminster General Hospital (Bewdley Road)	..					15

PART XVII

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